

**How consulting a medium after bereavement influences the
grieving process – an interpretative phenomenological analysis**
Baillieu, L.

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**How Consulting a Medium
after Bereavement influences
the Grieving Process –
An Interpretative
Phenomenological Analysis**

**Submitted to the New School of Psychotherapy and Counselling
and Middlesex University Psychology Department in partial
fulfilment of the requirements for the Degree of Doctor of Existential
Counselling Psychology and Psychotherapy**

Laila Danielle Baillieu

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Firstly, I would like to thank the participants who gave up their time to share their experiences of spontaneous and assisted after-death communications as well as openly discussing their grief and the formation of a continuing bond with their loved one. This research would not have been possible without their honesty and willingness to share their stories. I would also like to express my gratitude to my final year supervisors, Dr Susan Iacovou and Dr Vaughan Dutton, for their guidance and my former supervisors, Dr David Brazier and Dr Julie Scheiner, for their invaluable feedback and encouragement. Finally, I would like to thank my family, who have supported me throughout an unpredictable and challenging five years.

Abstract

The purpose of this study was to explore the influence of 'assisted' after-death communications (ADCs) (that is, through a medium), on the grieving process of the bereaved. It also sought to explore the existential dimensions experienced by the bereaved. Six bereaved participants in the UK who had experienced assisted ADCs took part in semi-structured interviews. The data was analysed using Interpretative Phenomenological Analysis (Smith et al., 2009). The emerging themes were: 1) Pain and Loss (living with grief after the bereavement); 2) Being with Others; 3) The Unknown; 4) Religious/Spiritual Beliefs and 5) Reflections on Life and Death after Assisted ADCs. Key findings showed that the participants were able to form a continuing bond with the deceased through spontaneous and assisted ADCs, which was comforting. More specifically, assisted ADCs (medium readings) facilitated 'bilateral communication' for resolving unfinished business, reassurance, and giving advice. A novel finding was a discarnate who communicated (through the medium) about his life in the 'other world.'

The existential analysis showed that a continuing bond was a complex transition experienced in all four dimensions of existence (physical, personal, social and spiritual). The findings also showed that becoming bereaved was an ontological experience for the participants, who became very aware of aspects of their existence, including beliefs, meaning and purpose, and their mortality. The implications of the findings relate to the necessity for counselling professionals and mental health practitioners to understand and acknowledge the reality and potentially positive role that ADCs play in managing grief and supporting those experiencing them without judgment.

Keywords

Bereavement, after-death communication, grief, continuing bonds, medium, existential psychotherapy, assisted ADCs

Statement of Authorship

This dissertation is written by Laila Danielle Baillieu and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling and Psychotherapy. The author is wholly responsible for the content and writing of the thesis and there are no conflicts of interest.

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Chapter One: Introduction

To the well-organized mind, death is but the next great adventure.

- J.K. Rowling (2015, p. 297)

1.1 Overview

Grief after bereavement can be extremely unsettling, and it is not unusual for people to feel as though they are going crazy or losing their minds (Parkes et al., 2013; Stroebe & Schut et al., 2008/2011; Kubler-Ross, 1969/1991; Worden, 1991). Often, the bereaved reveal having strange experiences or dreams, which may or may not be ADCs; whilst some accept these as operating within the realms of 'normalcy' (Klass et al., 2018; Stroebe & Schut et al., 2008/2011), some individuals believe these experiences to be a sign of psychopathology and thus seek medical treatment (Klass et al., 2018; Stroebe & Schut et al., 2008/2011). Many of these experiences are referred to as spontaneous after-death communications (ADCs) (Klass et al., 2018; Guggenheims, 1995), defined as, "as a spiritual experience that occurs when someone is contacted directly and spontaneously by a family member or friend who has died" (Guggenheim, 1995).

People from any background, religion, or culture can experience these ADCs. (Fontana, 2005; Klass et al., 2018). It is common for people to question their sanity, and many are reluctant to talk about their experiences (Ibid). Often these experiences are dismissed as hallucinations or delusions caused by intense grief (Fontana, 2005; Klass et al., 2018). In fact, given that ADCs constitute a connection to the deceased, they form a continuing bond, which may influence the grieving process (Klass et al., 2018).

Yet while there are a plethora of studies concerning spontaneous ADCs, there are a dearth of studies specifically researching 'assisted' ADCs, occurring through a medium, and the impact that they may have on grief. Those that do exist usually use quantitative methodology or descriptive phenomenology. This UK study, however aims to give voice to

those who have lost a loved one and experienced assisted (and spontaneous) ADCS through a medium reading, to explore the impact of these experiences on their grief.

1.2 Personal Experience

My interest in this field stems from personal experience. In May 2018, the sudden death of my brother threw me into turmoil, and events occurred that changed my life. My brother and I had joked about haunting each other (i.e., communicating after death) if one of us died before the other. He would joke, saying, “Don’t worry, sis, if I die, I will come back and carry on talking to you!”

My brother was a recovering alcoholic, and despite being in rehabilitation numerous times, it was alcohol that claimed his life in the end. Shortly after he died, I experienced intense dreams in which he spoke to me, reassuring me he was fine and not in pain anymore. I could feel his presence. While I wrestled with grief, I began asking existential questions, such as, is death the end? Is there life after death? Can we communicate with our loved ones who have passed away? I felt a burning desire to learn more about what I was experiencing. So began my journey, my quest into whether consciousness can survive death and then communicate back with the living. How would it change the way we grieve? I soon realised that bereavement, death, and ADCs (spontaneous and assisted) are vast topics.

Enrolling on a day course at a Spiritualist Church led by a well-known medium, I was intrigued to discover that practising mediums/psychics knew information about my brother who ‘came through’ when they had no idea who I was! It was an enlightening day that filled me with hope and eased my grief. I started to explore ‘after-death communications’.

My first port of call was Google, followed by searching the Middlesex Library search engines for academic research surrounding death, after-death communications (ADCs), mediums, grief and bereavement. My searches also included using CINAHL; MEDLINE; PsycINFO, PubMed, EBSCO, and Academia. I read academic books and papers as well as non-scholarly books such as *Hello from Heaven* (Guggenheims, 2010) and *is there an Afterlife?* (Fontana, 2005).

Many studies were from the USA, focusing on spontaneous ADCs, with a dearth of research on assisted ADCs through a medium, with notable exceptions, including Beischel (2010) and the Windbridge Institute and Loetschert (2014) in the USA. These found that mediums can have a positive impact on grief through assisted ADCs. Loetschert (2014), for instance, conducted a study using semi-structured interviews and descriptive phenomenology to explore the meaning seven females gave to assisted ADCs. Ostensibly, this study seemed to be very similar to what I was proposing, but on further examination, the methodology diverged significantly. The current research focuses on the lived experience (using interpretative phenomenological analysis (IPA)) of bereaved participants from the UK (from various backgrounds and beliefs using different mediums). In contrast, the Loetschert study used descriptive phenomenology, American participants and certified Windbridge mediums.

One UK-based study existed from Walters (2008) aimed to describe what visiting a medium means to mourners. The longitudinal research was conducted over ten years and all the participants attended spiritualist churches. As there have been many socioeconomic changes since 2008, and the cross-sectional study I was proposing was not limited to those who were already spiritualists, I felt this study was significantly different too. Given that we all experience death in our lives, the impact of the findings of my proposed study were perceived to be widespread; by giving voice to the lived experience of those who have experienced assisted ADCs through a medium, the findings of this study aspire to give bereaved individuals, mental health practitioners (MHPs), psychotherapists and psychologists an alternative insight to the traditional counselling interventions that are regarded by some as ineffective and needing improvement (Currier, Neimeyer & Berman, 2008; Larson & Hoyt, 2007; Neimeyer & Currier, 2009; Paletti, 2005).

1.3 Aims and Objectives

The aim of this study is two-fold:

- To use an interpretative phenomenological analysis (IPA) design to explore the lived experience of bereaved people who have had a medium reading after the death of a loved one;
- To investigate the potential influence that assisted ADCs may have on the bereaved.

The research question is:

How does consulting a medium after bereavement influence the grieving process?

This study commences with a literature review (Chapter Two) to contextualise integral concepts such as views of death, Christianity and religion, grief models, ADCs and mediums, and concludes with an exploration of 'existential dimensions' (van Deurzen 2014). Chapter Three then presents the methodology adopted to address the research question before Chapter Four presents the emerging themes from the IPA analysis, which uncover the lived experiences of the respondents. Subsequently, key insights are discussed in Chapter Five (the Discussion and Conclusion), highlighting the clinical relevance of the findings for both MHPs and the public at large.

Chapter Two: Literature Review

*Between us and heaven or hell there is only life, which is the
frailest thing in the world.*

- Pascal (1670/1978, p. 78)

2.1 Introduction

This chapter firstly explores changing attitudes to death, to contextualise the perspectives of participants in this study. Secondly, the role of religion/spirituality in coping with the death of a loved one is reviewed. This is crucial as it indicates how participants may view and respond to spontaneous and assisted after-death communications (ADCs) based on their beliefs. There follows a review of the models of grief and alternative experiences, such as ADCs. As there has been a shift of paradigm from severing ties with the deceased to continuing bonds (Klass et al., 1996), there is a brief historical review of how this took place. Bereavement inevitably leads to grief, so there is a review of grief counselling and its effectiveness. It is also important to understand the different types of ADCs while focusing more heavily on assisted ADCs through a medium. Subsequently, a brief review of research exploring spontaneous and assisted ADCs via mediums and how spiritualism has evolved is given before research on mediums is reviewed to better understand their abilities and the subsequent experience of 'sitters' (the bereaved experiencing a reading).

2.2 Changes in Attitudes Towards Death

Beliefs and practices surrounding death have changed throughout history and vary in different countries and cultures. Aries (1977) researched views about the changing face of death in western culture, revealing that death was more readily accepted between the 6th to early 12th century, as medical skills were limited, and many died of disease. The church promoted the belief that heaven was the reward for a good life, while hell was the punishment for a bad life. Between the late 12th to the 17th century, people became increasingly more concerned about their own death rather than the social aspects of dying, such as gathering around a dying or dead person, and from the end of the 17th century,

death became romanticised in art and literature, and death and life after death were portrayed as beautiful and peaceful experiences (Aries, 1977).

Yet by the late 19th and 20th centuries, Western culture changed again, with death being seen as a fearful occurrence (Aries, 1977). As medical practices improved, there was less religious confidence and a move towards secularisation (Aries, 1977). This meant that many religious customs and rituals were forgotten by individuals who found it difficult to cope with death, which was no longer as ‘visible’ (Aries, 1977; Barnett, 2009). As medical science developed, it has enabled people to live longer through the assistance of cutting-edge technology and medicines (Barnett, 2009). As a result, many in the 21st century find it uncomfortable to talk about death (Barnett, 2009). Recent research from both Co-Op/YouGov (2018) and Marie Curie (2021) in the UK supports this view; the former had 30,000 responses and revealed that the taboo of talking about death led to a failure to plan, with 81% of people not having saved for a funeral. Thus, to help increase awareness and better support the bereaved, the Co-Op produced the guide below:

Table 2. 1 How to Help the Bereaved

Most helpful during a bereavement		Least helpful during a bereavement
1	Asking if they were ok (41%)	People avoiding the subject (17%)
2	Asking if they could do anything (32%)	People equating their grief with their own (17%)
3	Having friends and family sit with them (19%)	People avoiding them (15%)
4	Asked if they wanted to talk about their loved one (18%)	Being told to cheer up (15%)
5	Giving them time off work (16%)	Being treated differently (11%)

Note. Table showing helpful and unhelpful strategies for helping the bereaved from the Co-Op Report “Making Peace with Death” 2018

Thus, as Samuel (2018) commented: “[The Co-Op survey] gives us concrete evidence of the extent that death is unvoiced in our society and shows that we need to find a way to bring those thoughts and fears out into the open”. This was echoed in the Marie Curie report (2021), which also asserted the need for better discourse around death and dying.

Given that in recent decades, dying people are usually cared for by professionals in hospitals or institutionalised nursing homes, many have become out of touch with death (Barnett, 2009). Modern society attempts to avoid death, which has become a tragic, empty, taboo affair (Aries, 1982) and increasingly marginalised as society has largely lost touch with religious or cultural beliefs. This was furthered by the increasing depersonalisation of death during the Covid pandemic worldwide (van Deurzen 2021), in which large daily death tolls became the norm. It is clear, therefore, that attitudes to death have changed over time, and today, death generally remains taboo and ignored by the majority.

2.3 The Role of Religion/Spirituality in Bereavement

Religion and spirituality are inextricably linked with death and bereavement (Hayes & Hendrix, 2011) and can have a bearing on how individuals perceive, experience and frame ADCs. This section explores how these factors can affect the bereaved. In the 1980s, many theories attempted to explain how people coped with stressful situations such as bereavement. Some trauma theorists pointed to how emotional disclosure and social sharing in churches contributed to 'adaptive coping' (Pennebaker, Zech & Rime, 2001). Wuthnow et al. (1980) posited that religion was important for coping with bereavement because it gave meaning to life experiences. They also found that the extent of 'religious belonging' and coping with bereavement were directly related.

'Religious individuals' are defined as those that search for significance in the sacred (Pargament et al., 1988), and when they cannot adequately cope with loss, their preferred coping strategy is to turn to something religious. Pargament and Park (1997) suggested five ways the bereaved use religion to cope: seeking comfort from God (rather than alienation); seeking comfort from clergy and congregation; redefining the loss through faith as potentially beneficial rather than a punishment; seeking to control problem-solving by one's own initiation rather than turning to God; and use of rituals including attending religious services, pilgrimages or mourning rituals.

Pargament et al. (1998, p. 712) subsequently defined positive religious coping (PRC) as, "an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others". PRC has been found to predict increased psychological well-being and spiritual growth (Pargament et al., 1998). In contrast, negative religious coping (NRC) is defined as "spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisals (attributing the event to the work of the devil) and reappraisals of God's power" (Pargament et al., 1998, p. 710).

Despite the work on the role that religion can play in bereavement, Hayes and Hendrix (2008) stated that measures of religious coping "are seldom used in studies of bereavement" (p. 329). One study that did include a measure of religious coping was Higgins (2002, p.194), in which belief in an afterlife was considered with the question: 'Which comes closest to what you believe – that people stop existing after their death or that there is an afterlife?' The Higgins study examined religious factors and their relationship with post-bereavement depression in participants who had experienced the death of their child. It was hypothesised that religious variables, including a belief in an afterlife and frequency of attending church, would indirectly affect post-bereavement depression. However, the results of the study only weakly supported this hypothesis. Other variables such as sex, marital status, race, age, family income and education appeared to have a more significant impact on post-bereavement depression than religious factors. The study also indicated that men and women have different coping styles, and women were more at risk of post-bereavement depression. Therefore, religion was not found to be as important in helping the bereaved cope with their grief in terms of preventing post-bereavement depression compared to other factors. This not only indicates that religion may not be as integral a factor today for post-bereavement coping but that PRC may not be particularly prominent in the 21st century.

However, Hayes and Hendrix's (2008) study was limited in that the data did not provide levels of depression prior to the death of their child (rendering pre- and post-bereavement comparisons difficult); it was also a challenge to find a large enough dataset, so it included

parents who had lost a child in the last three years as well as parents who had lost a child in their lifetime. There was only a very small number of the former.

Different kinds of bereaved individuals may benefit more from religion and spirituality to help them cope with their loss compared to others (e.g., DeVries, 1997; Fry, 2001; Michael et al., 2003; Murphy & Johnson, 2003; Park & Cohen, 1993; Robinson, 1995; Rodgers, 2004; Weaver & Costa, 2004). The overall finding was that the relationship type affects religious coping strategies. For example, Fry (2001) found that widows compared to widowers, scored higher on the measure of psychological well-being because they derived greater comfort from religion, spiritual beliefs and practices, and accessibility to religious support. In addition, religious coping strategies have been found to differ across different faiths and cultures. Whilst it is outside the scope of this study to present findings related to all the different religions, there is some research pertaining to Christianity and bereavement within the UK. Hays and Hendrix (2008) reviewed religious coping, defined as the use of religious/spiritual beliefs to help with the effects of bereavement. After a comprehensive search, 25 studies met their criteria and in general, revealed four categories that religion and spirituality can assist with post-bereavement: 1) physical well-being; 2) psychological well-being; 3) meaning making, and 4) adjustment.

For example, in terms of physical well-being, Krause et al. (2002) studied 1,723 Japanese elders and found that 72% of those who believed in an afterlife had reduced hypertension post-bereavement, and in terms of psychological well-being, Higgins (2002) found that belief in an afterlife had a significant and negative relationship to the depressive mood in parents following the death of their child. Moreover, a small qualitative study of nine African American bereaved congregation members (Abrums, 2000) posited that belief in seeing the deceased again in an afterlife might be comforting and decrease distress after bereavement.

An example of a study that found religious and spiritual beliefs helped the bereaved cope by enabling them to find meaning in such an event (such as trying to find an

explanation for the loss of a loved one to give meaning and purpose to their life and death (Golsworthy & Coyle, 1999)) came from Walsh et al. (2002), in which 135 relatives and friends of terminally ill patients in London were interviewed, with another interview taking place 14 months later. Those reporting no spiritual beliefs had not resolved their grief 14 months later, compared to those with strong spiritual beliefs. The researchers concluded that those having stronger spiritual beliefs resolved their grief more rapidly and completely after the death of a loved one. However, the sample size was small, given that it was difficult to recruit participants before and after their loved one had died.

Furthermore, in a nationwide Swedish study using mixed methods by Lovgren et al. (2017), 174 cancer-bereaved adolescents were surveyed about what helped them cope after their siblings' death; the findings showed that those who had used spirituality, religious beliefs and activities were more likely to have worked through their grief – the only statistically significant method of coping. This included the belief that their sibling was in a safe place with God and that they would meet again in the future. This study differentiated between religion, which included congregational activities and formal ways of expressing beliefs, and spirituality, which they regarded as personal authenticity, including connecting with nature, oneself, God or life. Yet it is possible, as Surbone and Baider (2010) stated, that a person could be spiritual without having a specific religion or maybe very religious without having developed spirituality. Thus, distinguishing between spirituality and religion can be difficult, which renders it more challenging to untangle the impact of either of these two factors on coping with grief post-bereavement.

Finally, a plethora of studies have looked at adjustment following bereavement (e.g., Brown et al. 2004; Coleman et al. 1997; Richards & Folkman, 1997; Walsh et al. 2002) and found there was quicker grief resolution and more personal growth in the studies where the participants had stronger religious and spiritual beliefs. Walsh et al. (2002) asserted that religious/spiritual beliefs help because they provide an existential framework to assist the bereaved in understanding their life story, which can then be used to help resolve grief. P.C. Smith et al. (1992) found that 121 bereaved individuals with strong beliefs in an afterlife

recovered more quickly from bereavement because their belief in an afterlife meant they did not avoid thinking about death, and spending more time and energy recovering and finding meaning in the loss, which helped them to adjust.

Thus, despite the criticism that "conclusions concerning the role of religion in coping with bereavement remain elusive because study designs generally lack rigour" (Hayes & Hendrix, 2008, p. 341), research generally indicates that religion and spirituality have an overall positive impact on post-bereavement grief and can in some cases lead to post-traumatic growth.

2.4 Religious/Spiritual Belief and Post-Traumatic Growth

At the core of post-traumatic growth (PTG) is the paradox that there can be an experiential gain amidst profound loss, "the ability to recognise and work effectively with contradictions" (Daloz, Keen, Keen & Parks, 1996, p.120), and transform a personal tragedy into a human achievement (Calhoun & Tedeschi, 1998, p. 219). The extent of growth a person experiences after a trauma can be measured by various self-report scales. Tedeschi and Calhoun (1996) developed the Post Traumatic Growth Inventory (PTGI), which looks for positive responses in five areas: relationships with others, appreciation of life; new possibilities in life; spiritual change; and personal strength. This scale acknowledges that even if people do not report a strengthening religious experience or better understanding of spirituality, they may still alter existential concerns that are not associated with traditional religious or spiritual beliefs. Some studies have shown a combination of 'appreciation of life' and 'spiritual change' factors that reflect their existential connections, as in Japanese samples (Taku et al., 2007).

In Tedeschi et al.'s (1996) study, many found meaning and experienced PTG through spiritual change and increased their religious participation as a result, accepting a continuing bond with the deceased, as well as creating new relationships and discovering new

possibilities in life. Yet experiencing the death of a loved one and shifting perspectives towards continuing bonds is also paradoxical: the “deceased are both present and not present” Klass et al.(1996, p.351).

This element of PTG must be considered in this thesis, given that participants may experience it as they come to terms with their loss and reconcile the ADCs they are experiencing with their existing religious/spiritual beliefs or, indeed lack of beliefs. If they cannot do so and need to change their beliefs to accept a continuing bond, they may well experience growth in the face of tragic loss (Calhoun & Tedeschi 1998). However, it has not been possible to find research that currently explores the extent of PTG following ADCs post-bereavement.

The following section reviews the literature pertaining specifically to Christian beliefs, how they relate to life after death, and the Christian view on consulting a medium, as this is directly relevant to the research question.

2.5 Christianity

Religion and spiritual beliefs can play an important role in coping with post-bereavement grief, and the predominant religion in the UK is Christianity; given that participants experiencing ADCs in this study may have varying beliefs regarding a religious afterlife, it is important to consider what impact, if any, the traditional, Christian view of an afterlife may have for them.

2.5.1 Catholic and Protestant Beliefs of an Afterlife

The Church teaches that death is not the end. When someone dies, it is only their physical body that stops living. The eternal part of a person, the soul, may go to Heaven, Hell or Purgatory. The latter is a Catholic concept, where the soul goes to be cleansed of sin before going to Heaven. In contrast, because purgatory is not mentioned in the Bible, most Protestants do not believe in it. Nearly all Protestants believe that the individual experience a Day of Judgment (Revelation 11:18), in which their deeds, both good and bad, will be judged (Ecclesiastes 12:14, 2 Corinthians 5:10). Those that believed in Christ and repented of their sins

on Earth then enter Heaven, while the damned are sent to Hell. This is iterated throughout the Bible, as well as in Christian rituals during and following death, including funerals and burials, vigilance and wakes. Arguably these rituals help the bereaved come to terms with death and cope with their grief through providing social support, the opportunity to reflect on the deceased's life, 'say goodbye' and turn to God for comfort. The Christian ritual of burial (instead of cremation) also nods to the idea of continuing one's relationship with the deceased, including visiting the burial site, talking to the headstone, and bringing flowers, perhaps all evidence of the Christian belief in an afterlife (the deceased 'soul' may be 'looking down on' their loved ones from Heaven and can hear/see them).

2.5.2 The Christian View of Visiting Mediums

Whilst Christians believe in an afterlife, the use of mediums to contact the dead is prohibited in the Bible. Leviticus 19:31 (New International Version [NIV]) states: "Do not turn to mediums or seek out spiritists, for you will be defiled by them." Furthermore, Deuteronomy 18:10-11 (NIV) states: "Let no one be found among you who...is a medium or spiritist or who consults the dead." In addition, Leviticus 20:27 (NIV) states, "A man or woman who is a medium or spiritist among you must be put to death. You are to stone them; their blood will be on their own heads." These verses highlight the level of intolerance towards mediums and spiritists.

However, in reality, many Spiritualist churches in the UK profess to be 'Christian' and mediums/psychics state they are Christian. How do these organisations and individuals reconcile scripture with practice? Ron Rhodes (2006), prolific author of sixty books on mediumship in the US, for example, is adamant that scripture in the Bible prohibits communication with mediums/spiritists, with authentic information most likely to derive from 'fallen angels' or Satan himself. Rhodes (2006, p. 138) also referred to well-known psychics professing to be Christian, claiming, "They may have virtually no idea that by so doing they are committing an abomination before God" (Deuteronomy 18:10-12). Yet many well-known

mediums/psychics and Spiritualist churches/centres portray themselves as 'Christian'. Lee (2015), a psychic and devout Christian, argues that scripture appearing to denounce the work of mediums, healers, and psychics needs to be viewed in a historical context. For Lee, a fundamentalist interpretation of the Bible (as carried out by Rhodes) does not consider the historical context. For example, he points out that Leviticus 19 also states: "Do not wear clothing woven of two kinds of materials"; "Do not eat any meat with the blood still in it"; "Do not cut the hair at the sides of your head or clip off the edges of your beard"; "Do not cut your bodies for the dead or put tattoo marks on yourselves." Lee argues that the majority are guilty of the above, and Leviticus and Deuteronomy aimed to highlight the danger of practising as a psychic through pagan gods. He asserts that these scriptures do not apply if people practice through God.

Thus, it is clear there are opposing arguments surrounding the consultation and/or practice of mediumship; whilst a full discussion of this debate is beyond the scope of this thesis, it is clear that different people will possess different views of mediums – and their compatibility with Christianity – depending on their beliefs and experiences. This is also the case with how far Christian participants depend on their Christian beliefs to cope and find meaning after a bereavement and how they give meaning to ADCs (spontaneous and assisted). Religious and spiritual beliefs, including Christianity, can therefore be one factor influencing how grief is experienced; research suggests that humans all experience the death of a loved one differently. Yet bereavement and grief models do exist that give a general insight into how bereaved individuals may work through their grief and the general pattern that most grieving processes appear to take (Parkes et al., 2013). These models are reviewed presently.

2.6 Bereavement and Models of Grief

Stroebe et al. (2008) claim that grieving springs from bereavement, "the term used to denote the objective situation of having lost someone significant through death" (p 4). 'Significant' individuals generally include the death of parents, siblings, children,

partners/spouses and friends (Stroebe, 2008). Grief is the emotional reaction to bereavement; Archer (1999, p. 5) described it as “the cost we pay for being able to love in the way we do”. Generally, grief is perceived as a negative, unwanted emotion and can involve a complex myriad of feelings and changes, including cognitive, physical and physiological changes that may vary from person to person and differ depending on country, culture and religion, as well as the context. For instance, death after a long, well-lived life, or long-term illness, can lead to celebration of what that person has achieved or relief due to an end of their suffering (Stroebe, 2008). However, a sudden or unexpected death through illness or accident can leave loved ones feeling overwhelmed and shattered (Parkes et al., 2013; Stroebe et al., 2008; Worden, 2000).

The grief literature has developed over time, with various models emerging. For instance, Freud (1957) described grief as a normal defence against trauma or loss in his paper *Mourning and Melancholia*. The term ‘grief work’ is said to have been first used by Lindemann (1944), who studied the feelings and experiences of bereaved individuals after a fire at the Coconut Grove nightclub in Boston, where 492 people died. Social scientists began to study the grief process in the 1960s, and in 1961, George Engel used a medical model of grief in which grief was conceptualised as a disease that required treatment.

2.6.1 Kubler-Ross Model: Stages of Grief

The pioneering work of Elizabeth Kubler-Ross (1970) subsequently led to the emergence of the five stages of grief model:

- 1) Denial – refusal to accept the loss. The world becomes meaningless and overwhelming. The bereaved may go numb and find it hard to carry on;
- 2) Anger – the bereaved or dying may feel anger towards themselves or others, including God;
- 3) Bargaining – this may be bargaining with God to spare your life or bargaining with God to spare a loved one from death;
- 4) Depression – recognition of the loss. It is an appropriate response to the loss and can involve withdrawing from life;

Phase 4: Reorganisation and recovery: slowly, there is a realisation that life can still be positive despite the loss. The grief does not disappear, nor is it resolved; it simply recedes, rather than staying at the forefront of the mind.

One needs to bear in mind that the work of Bowlby focused on the development of children (Bowlby, 2005b [1988]), and his bereavement model is based on children's separation anxieties. Bowlby considers that there are similarities between a child's anxiety and a bereaved person's grief (Bowlby, 2005a, [1979]) and that the experience of loss is due to the attachment previously formed (Bowlby, 2005a). Arguably, however, the experience of loss and grief by a child is very different to that of an adult, and, in Bowlby's research, the child was reunited with their mother. In contrast, the bereaved adult does not know if they will meet the deceased again (depending on their spiritual or religious views) (Stroebe et al., 2008).

Some of these theoretical models have been explored for how accurately they portray or capture the grief process. For example, Maciejewski et al. (2007) conducted a longitudinal study to examine the relative magnitudes and patterns of change over time of five grief indicators (disbelief, yearning, anger, depression, and acceptance) to examine their consistency with the Kubler-Ross and Bowlby stage models of grief. Identifying patterns in typical grief cases is of clinical interest, enabling those who do not follow these patterns to be identified and offered treatment. These results showed that contrary to grief theory, disbelief (as captured in Stage/Phase One in the Kubler-Ross and Bowlby models) was not the dominant initial indicator of grief. Instead, yearning (Phase Two in Bowlby's model) was the chief negative grief indicator from one to 24 months post-loss, and "acceptance" was the most frequently endorsed item (Stage Five in Kubler-Ross's model).

Maciejewski et al. (2007) further showed that all the negative grief indicators declined around six months post-loss; if the negative indicators continued beyond this, participants often indicated that they had received further evaluation and support from professionals. This study had the benefit of being the first empirical examination of the stage grief theories

as they present over time. Indeed, Bonanno (2004), summarising his research spanning more than two decades and involving thousands of participants, concluded that natural resilience was the primary factor underpinning grief and trauma reactions and the existence of universal stages/phases of grief was a myth. He argued that the Kubler-Ross and Bowlby models were based on theories that did not relate to bereavement.

2.6.4 Stroebe and Schut Dual Process Model

As a result of these criticisms, Stroebe and Schut developed the Dual Process Model

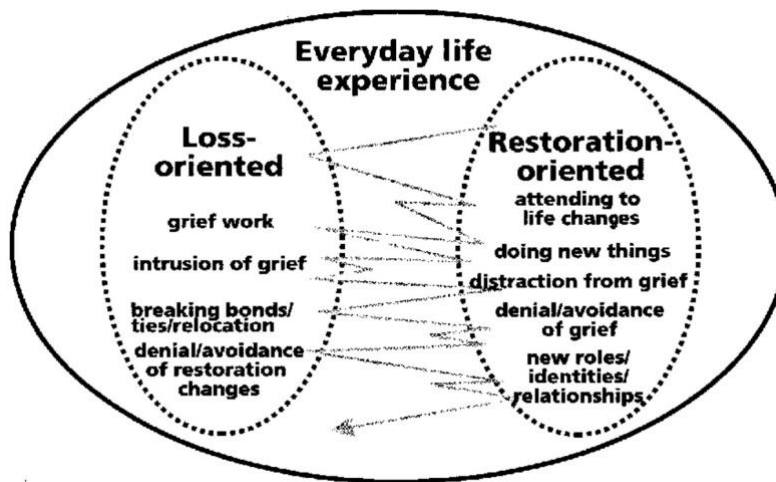


Figure 2. 1 1The Dual Process Model of Coping with Bereavement 1999

Note. The Stroebe and Schut Dual Process Model of coping with bereavement: rationale and description.

of Coping with Bereavement in 1999. They reviewed the existing models of grief and identified limitations: existing models only deal with one stressor at a time rather than multiple stressors; bereavement is an intrapersonal process that does not account for interaction with others; and existing models do not look at how the bereaved can grow after a spouse's death. Their Dual Process Model thus identified two types of stressors: loss- orientated stressors and restoration- orientated stressors (see Figure 2.1).

Secondary sources of stress and coping include feelings of isolation or trying to cope with carrying out the tasks that the deceased used to do (e.g., cooking, finances etc.). A crucial part of the Dual Process Model is the oscillation between loss-orientated and restoration- orientated stressors. Stroebe and Schut state that healthy grieving is based on the dynamic oscillation between avoiding and confronting the loss. Thus, Stroebe and Schut (1999) and Bonanno

(2004) focussed on the individual instead of the loss and adaptation to the loss (as prior theories did).

2.6.5 Tonkin Growing Around Grief Model

Whilst most believe that over time, grief shrinks in the Tonkin model grief (see Fig 2.2), becoming “neatly encapsulated” in one’s life (Tonkin, 2009, p. 1), Tonkin asserts that grief actually stays the same size, but life grows around it. Grief can sometimes feel intense, and people operate from within the shaded circle, but as time goes by, they increasingly experience life in the outer circle.



Figure 2. 2 The Tonkin Model (1996)

Note. The Tonkin Model (1996). Grief stays the same, and life grows around it

While the Tonkin model (1996) will not suit all bereaved individuals, it highlights that grief may not diminish or be ‘resolved’ and time does not always heal. Tonkin (2009, p.10) explained, “it relieves [clients] of the expectation that their grief should largely go away. It explains the dark days and also describes the richness and depth the experience of grief has given to their life.” In this way, the bereaved can integrate their loss with their lives and move on without feeling they are being disloyal to the deceased loved one. Many bereavement websites, including the charity Cruse, uses the Tonkin model on their websites, referring to it as the ‘Growing around Grief’ model.

2.7 Origins of Continuing Bonds

The theory of grief work was rooted in Freud's essay *Mourning and Melancholia* (1917/1961), where Freud wrote that after a loved one dies, there is a "turning away from reality...and a clinging to the object [deceased] through the medium of a hallucinatory wishful psychosis" (p. 223). For the next seven decades, psychologists and psychiatrists believed that successful mourning could only take place when the mourner "disengages from the deceased, let go of the past, and moves on" (Klass et al., 2018, p.3). Lindemann (1979) went onto define acute grief as a psychiatric syndrome, enabling the bereaved to sever the bonds with the dead and form new relationships. So, within the psychological world, continuing an attachment with the dead was regarded as pathological grief (Klass et al., 2018).

This theory continued, even though several researchers reported survivors who did not sever their bond with the dead and were doing well, not to mention that people all around the world from different cultures, religions and spiritual beliefs believed in an afterlife where they would meet their loved one again. When Klass et al. (1996) published *Continuing Bonds: New Understandings of Grief*, they did not state that they had developed a new model. Instead, their focus was on clinical practices.

This prompted the clinical community to look at the clinical evidence around them, and within a few years, continuing bonds were accepted as a part of grief resolution. In the early stages, clinicians and psychological researchers had many questions, including whether continuing bonds could be a 'healthy' resolution of grief and what types of continuing bonds were better for the bereaved. Klass et al. (1996) stated that grieving is never resolved and does not end in recovery or closure; instead, there should be a focus on creating a new relationship with the deceased, given the evidence that maintaining bonds with the dead was not pathological and could even play a positive role in grief (Klass et al., 1996).

2.7.1 Continuing Bonds in the Twenty-First Century

Some of the former models have been updated to reflect these changes: Worden (2013) renamed his Fourth Task of Mourning to “finding an enduring connection with the deceased while embarking on a new life”. David Kessler (2019), an expert on grief who worked closely with Kubler-Ross, added a sixth stage to this model: “Finding Meaning”, giving the following examples: “When my son died, I personally realised I didn’t want to be left in acceptance. I wanted...to make meaning of his life and death” (p. 234). There is a sense that acceptance is passive compared to actively trying to find meaning, searching and discovering new ways of understanding and celebrating the deceased and helping others who are grieving.

Over time, therefore, models of grief appear to have moved away from medical models (characterised by stages and phases) towards a contemporary understanding, where the relationship between the bereaved and deceased is intersubjective. Continuing bonds, proposed by Klass et al. (1996), provides greater scope for considering ADCs than other theories of grief. The researchers refer to ADCs as “folk remedies”, which reflect lived experience and provide “comfort, acceptance, and legitimization of [the] feelings [of the bereaved]” (Klass et al., p. 354).

The idea of continuing bonds with the dead gained traction, with organisations being set up to highlight and explore the afterlife. For example, the charitable, secular organisation Forever Family Foundation (FFF) (2022) was established in the early 2000s by Dr Piero Calvi-Parisetti, whose aim was to reflect on the “unbelievable truth”, putting forward evidence for a “rational belief in life afterlife”. Yet this evidence rarely shapes contemporary grief counselling.

2.8 Grief Counselling and its Effectiveness

It is essential to consider the effectiveness of post-bereavement/grief counselling because some people go to their MHP for help with their grief. According to Raphael et al. (1993, p.427), “there can be no justification for routine intervention for bereaved persons in terms of therapeutic modalities—either psychotherapeutic or pharmacological because counselling needs to be provided for those who

have complicated, ongoing grief (Jordan & Neimeyer, 2003; Parkes, 2002; Schut, 2005).

After a review of intervention programmes, Schut et al. (2005) concluded that the provision of intervention soon after bereavement could actually interfere with natural grieving processes.

Traditional grief counselling focuses on the loss, grief and any other emotions (such as anger and guilt) the bereaved may experience. Several studies have questioned the effectiveness of commonly used bereavement interventions, concluding it to be ineffective (e.g., Jordan & Neimeyer, 2003; Larson & Hoyt, 2007). Currier, Niemeyer and Berman (2008) examined psychotherapeutic interventions for the bereaved, reviewing 61 outcome studies reported in 64 papers, and determined that there was “little or no benefit beyond the participants’ existing resources and the passage of time” (p. 657). Breen and O’Connor (2007, p.204) argued that there is a “general lack of understanding of grief in the service professions, which is at least partly explained by the discord between grief researchers and service providers”. Schut (2010) identified specific groups of the population for whom he thought grief counselling would be more effective (e.g., children), and Hall (2014, p. 11) also concluded that interventions are predominantly only effective “for those at high risk or for those who are already experiencing complications in their grief”

One of the difficulties may be that definitions of grief and the interventions on offer do not correspond with one another (Wass, 2004). For example, some models of grief based on traditional psychotherapeutic theories, focus on the pathological conditions of traumatic grief (Wass, 2004), while other models depict a linear, predictable pattern of bereavement that does not consider individual differences or culture (Klass 2018). The former may, therefore, not consider post-traumatic growth from loss within a therapeutic context, and the latter may not provide a personalised, tailored approach to an individual’s grief experience. The Currier et al. (2008) study concluded that interventions had a small effect post-treatment but no statistically significant benefit at follow-up. Given that bereaved persons respond to grief differently (Stroebe & Schut, 2001), it is also improbable that a standardised approach will meet the needs of the majority of bereavement cases. They posit that further research is required to determine which interventions work best with different sub-groups, to help personalise treatment (Currier et al., 2008)

While an in-depth review is outside the scope of this study, it is important to acknowledge that some trials on bereavement-related depression suggest that tricyclic antidepressants may be effective (Wittouck, 2011). However, they may be more effective for depressive symptoms than grief-specific signs. Other trials looking at selective serotonin reuptake inhibitors (SSRIs) have found that they might be effective in treating CG, both as a stand-alone treatment and in conjunction with psychotherapeutic interventions (Bui et al., 2012). However, critics argue they take time to work and may only provide a band-aid (not a cure) (Worden, 1991).

Thus, research indicates that, in general, mental health services' tools are limited for dealing with grief, and even when interventions are provided, their efficacy is in question (Currier et al., 2008). Therefore, it is understandable that the bereaved may turn to other, sometimes non-traditional interventions (or alternative experiences) that help them cope

2.9 Alternative Experiences

Evidence shows that non-traditional interventions and experiences after bereavement, including spontaneous and induced experiences, positively influence grief. In some cases, these “after-death” experiences have been described as “paranormal” or “extraordinary”. One such experience is after-death communications (ADCs), which refers to contact with the deceased (also called “extraordinary experiences” by La Grand (2005). These experiences include vivid and powerful dreams, hearing voices, sensing the presence of the deceased, and sometimes olfactory and tactile sensations. In addition, there have been cases of electrical communications through the radio or flickering of lights and other unexplainable phenomena like doors opening and closing and butterflies or rainbows appearing (Drewry, 2003; La Grand, 2005; Sanger, 2009). Studies show that ADCs may manifest as out-of-body experiences in which the deceased is contacted while the person has an out-of-body experience or near-death experience (NDE) (Drewry, 2002; Krippner, 2006). Drewry (2003, p.3) asserted that “these experiences occur along a continuum of intensity and emotional impact and are common, natural, non-pathological, mostly beneficial and comforting, helpful in facilitating the grieving process, and sometimes

extraordinarily spiritually healing to a bereaved individual.”

Research has confirmed that spontaneous ADCs are relatively common (Beischel, 2019; Drewry, 2003; Guggenheims, 1996). The Guggenheims (2019) researched ADCs for seven years, interviewing 2,000 people living in 50 American states and ten Canadian provinces and collecting more than 3,300 first-hand accounts from people who believed a dead friend or relative had contacted them. The participants ranged from eight to 92-years- old and came from diverse socioeconomic and religious backgrounds. Guggenheim and Guggenheim (2019) conservatively estimated that at least 60 million Americans –20% of the population – had one or more ADC experiences. Some polls indicated that the actual figure is more (43% of the population). ADCs appear to be people's most common form of spiritual experience. ADCs appear when a close emotional bond exists between a griever and the loved one who has passed away, although ADCs can also occur in health professionals or friends. The benefits and outcomes of ADCs were explored in a qualitative study by Drewry (2002); bereaved participants were recruited from the San Diego Holistic Nurses Newsletter, the 1999 Noetic Sciences Conference and the Guggenheim website, from which he selected seven participants that had undergone 40 individual ADC experiences. Drewry conducted semi-structured interviews with these individuals, which were transcribed verbatim and analysed using phenomenological induction, and found that the experiences he examined “resulted in varying degrees of spontaneous healing or resolution of grief” with one “complete release of grief” (p. 78). In some cases, the participants reported feeling privileged for having the ADC experience, even though initially they were disturbed by these occurrences. Some also conveyed that it allowed them to conclude unfinished business with the deceased, which alleviated the grief they felt. Others stated that it helped them grow spiritually and that the experiences reduced their existential fear of death and encouraged a belief that consciousness and love continue after death. This study, therefore, revealed that ADCs could be a specific form of grief intervention, even if it was not sought after by the participants. This study is relevant given the similarity to the present study, although Drewry (2002) was not looking specifically at *assisted* ADCs.

Parker (2005) found that extraordinary experiences fulfil “specific grief bereavement and/or other needs for individuals, such as consolation, encouragement, comfort and solace” (p. 272). Such experiences “facilitate a sense of psychological well-being” (p. 277). La Grand (2005) stated that extraordinary experiences “spawn personal and/or spiritual growth, reduce existential fear, and

generate new perspectives and purpose in life through the questions they suggest and the obvious answers provided” (p. 9). The spiritual implications of ADCs have also been acknowledged in studies by Whitney (1992) and Hastings et al. (2002), who determined that participants who had ADCs regarded them as spiritual and were convinced that the communications were from deceased loved ones whose soul or consciousness had survived death.

For example, Hastings et al.’s (2002) experimental study involved extraordinary experiences of the bereaved while “mirror gazing”. 48% of the participants reported that contact with the deceased was spiritually meaningful, while 70% experienced anomalous experiences (ADCs). Participants reported visual phenomena in the mirror and auditory, olfactory, and sensory experiences. Pre- and post-questionnaires examined “grief effects”, and a Wilcoxon signed-rank analysis ($p=.05$ to $.008$) indicated statistically significant reductions in grief for the experimental group compared to a control, including “unresolved feelings, loss, grief, guilt, sadness and the need to communicate” (p. 211).

Furthermore, intending to avoid religious bias, Steffen and Coyle (2011) recruited 12 participants from the general population to investigate “sensing the presence of dead loved ones.” Seven participants were Christian, five were secular, and all had experienced bereavement in the previous 18-month period. All participants in this qualitative study reported believing that the ADCs they had, provided evidence of life after death and that they would be reunited with loved ones. The participants also said that these experiences reduced their fear of death and were spiritually meaningful. All the participants were white British, so the study would be more generalisable if participants’ religion, culture and race were more diverse.

ADCs can arguably lead to a reduction in fear of death because there is a strong suggestion to the bereaved that the dead person’s mind, soul, or consciousness continues and that death is thus not final (Cooper, 2013). After the death of a loved one, it is common to feel despair and hopelessness, and these ADCs suggest an “afterlife” and maintain a bond with the deceased, which can be an important part of the healing process, as explored by Klass et al. (1996) in the continuing bonds theory.

The continued academic efforts in alternative interventions and experiences following bereavement

have led to greater acceptance and acknowledgement of ADC experiences amongst grief counselling and clinical communities (Klass et al., 1996). For example, Sanger(2009) interviewed 21 social workers who believed “there is nothing inherently abnormal or pathological about extraordinary events” (p. 87). He recommended that clinicians, including counsellors should examine spiritual issues more closely when dealing with bereaved individuals and remain aware of the possibility of psychic phenomena (Klass et al., 1996), steering away from the term ‘hallucinations’, which can limit and stigmatise what may prove to be a common bereavement experience” (Worden, 1991, cited in Sormanti & August, 1997, p. 461). Rather, the non-pathologising term ‘ADC’ should be used (Holden, 2017).

Other work has since supported the existence and benefits of ADCs amongst bereaved individuals all over the globe (e.g., Streit-Horn, 2011; Elsaesser et al., 2020). The Elsaesser et al. (2020) research is led by several European countries, including the UK, investigating “the phenomenology and impact of spontaneous and direct After-Death Communications (ADCs)”. The project's first phase was conducted from February 2018 to January 2020, and the second phase started in July 2021 and will be completed in June 2024. The researchers developed a 194-item questionnaire on the phenomenology and impact of ADCs completed by 1,004 participants in English, French and Spanish. They are now replicating the survey in German and Dutch and hope to target local languages in India in 2022. The first phase's qualitative and quantitative data analysis has produced some interesting results. There were 85% female participants compared to 14.3% males. They found that religious beliefs only increased slightly after an ADC, and religious, agnostic or atheist beliefs did not influence having an ADC. Indeed, believing or not believing in the survival of consciousness also does not affect the chances of having an ADC. However, ADCs strongly reinforced spirituality. Before the ADC, 362 participants “strongly agreed” that they considered themselves spiritual, but after contact, this significantly increased to 635.

The findings also showed that the majority of participants (79.8%) had multiple ADCs with one or several deceased people (Elsaesser et al., 2020). Sensory experiences involved hearing, touch, sense, vision and “sensing a presence” (Elsaesser et al. 2020). The content of the messages was similar to other research in that they were reassuring (e.g., I’m fine, don’t worry about me); resolving

(allowing for closure and apologies); reaffirming (continuing bond, we'll meet again); and/or releasing (don't be sad, carry on with your life). Interestingly, the messages did not contain any information about their new existence or their new home (Elsaesser et al., 2020). Asked if they received any information unknown to them before the ADC, only a quarter said yes, whereas the majority answered no. Also noteworthy is that before the ADCs, 68% of the respondents believed in life after death, but after the ADCs, this increased to 92.8%. Following an ADC, most reported that their fear of death disappeared or decreased. Most participants had not sought the ADC through a medium, although some went on to pursue additional medium contact after the ADCs. Most participants felt that their ADCs were authentic, with only 2% attributing their experience to grief.

The research also looked at the impact of ADCs on bereavement, which is particularly interesting to this study. Three-quarters of the respondents felt that the ADCs gave them greater insight into the grieving process; 80.4% felt the ADCs did not make the absence of their loved one more painful; 61.2% felt the ADCs made it easier to accept the loss, and 68.4% felt the ADCs were an important part of their bereavement and grieving process.

Furthermore, half of the participants thought the ADCs had accelerated their recovery. Overall, 90% of participants said experiencing the ADCs brought joy and comfort, and they treasured the ADC/s or [were] "very glad" they had it/them (Elsaesser 2021, p.23). This indicates that ADCs were perceived to have a positive impact on grief post-bereavement. Respondents reported significant increases in their sense of spirituality but not religiosity. Elsaesser et al. (2021) concluded that they had adaptive outcomes for the bereaved, although some mental health professionals may trivialise or pathologise participants' experiences. Phase two (concluding in 2024) will replicate the survey on other continents, such as Asia, to identify cultural differences in the phenomenology and impact of ADCs. Similarly, to Drewry (2003) and others, Elsaesser et al.'s (2021) sheds some understanding of the impact of spontaneous ADCs on grief, spirituality and beliefs; yet the present study focuses on how medium reading(s) influence the participants' grieving process, looking at the lived experience of the participants as they continue their relationship with the deceased through a medium.

The existence of FFF and similar organisations demonstrates the growing interest in ADCs as a treatment for the bereaved, although there are caveats to this. For instance, accurately estimating the number of ADC incidents is difficult because it is suspected that some people are reluctant to report them (Beischel, 2014; Drewry, 2003; La Grand, 2001; Streit-Horn, 2001; Taylor, 2005), even though they believe that ADCs should be discussed (Gariglietti & Allisson, 1997). Part of the issue may be the stigma surrounding ADCs, given that not all healthcare professionals and therapists/counsellors accept the plausibility of spontaneous after-death experiences. Taylor (2005, p. 60) determined that 62% of participants in grief counselling reported “totally unsatisfactory” experiences with their counsellor upon discussing ADCs, feeling “unaccepted, abnormal, not understood, unable to connect to counsellors, and that they had received no empathy” (Taylor, 2005, p. 60).

While ADCs are subjective, they may sometimes be veridical, for example, when there is substantial evidence for an ADC or a shared ADC (Guggenheim, 2019). Evidential ADCs are defined as ADCs containing information unknown to the bereaved, which is confirmed later, and shared ADCs occur when two or more individuals experience the same ADC and therefore provide powerful corroboration for each other’s experience (Guggenheim & Guggenheim, 1995). As Botkin (2000) found, shared ADCs may occur not just between family and friends but also among health professionals who have been looking after the deceased.

Houck (2005) noted that ADCs could happen to anyone regardless of religion, culture, education, time, gender, age, or cause of death. However, research suggests that ADCs may be experienced more by certain people depending on the status of the grief, relationship to the deceased, the presence of trauma, and personality type. For example, if the death is sudden, unexpected and/or traumatic, a close relative or friend is more likely to experience spontaneous ADCs (Elsaesser, 2020; Klass et al., 1996).

Barbato et al. (1999) reported that ADCs are more likely to occur within a month of bereavement, and Streit-Horn (2011) found that 70-80% of grieving people are likely to have ADCs within a year of bereavement. However, Parker (2005) reported that they can

occur decades after the death of a loved one (or patient, in the case of healthcare professionals) and may be assisted or spontaneous.

2.10 Non-Medium Assisted After-Death Experiences

2.10.1 Botkin's Induced EMDR

In 1998, psychologist Dr Alan Botkin, who had been working for the US Veterans Association for 20 years on trauma reduction, used a technique involving rapid eye movement (Eye Movement Desensitization Reprocessing [EMDR]) to reduce post-traumatic stress disorder (PTSD), when a patient Sam had an ADC from a Vietnamese child that had been killed in the war which he had a special bond with. Botkin originally thought Sam had produced a hallucination, yet the same thing occurred the next day with a Korean war veteran Victor. Botkin realised he had used EMDR with additional eye movements with the patients who had the experiences. Botkin posited that while the patient is focused on anger and guilt, the sadness remains buried. Yet EMDR uncovered the sadness, and as the sadness lost its intensity, the distracting emotions (for example, anger and guilt) were put aside, and following the EMDR instructions allowed the patient to experience the ADC. Later, Botkin called this open state of mind the “receptive mode” (2005, p. 17).

Botkin determined that spontaneous and induced ADCs were essentially the same but with one crucial difference: the induced ADC was always multi-sensory, while the spontaneous ADC simply generated a sense of presence (Botkin, 2000). Because he had control over the induced ADCs, he found that they provided patients with a fuller experience.

According to Botkin (2000), the ADC can be induced several times during one therapy session so that all the issues arising from the encounter can be addressed and resolved. The individual sees the deceased as happy, at peace and alive in a different place (Botkin 2000).

Since publishing Induced After-Death Communication in 2000, in the two years

Following his discovery, Botkin successfully induced over 3000 ADCs. Moreover, the ADCs he has induced have provided an effective form of grief therapy. In 2013, Botkin et al. (2013) conducted a statistical analysis of 71 of Botkin's cases before and after induced ADCs. The results demonstrated significant improvement and reduction in grief, depression, and anger. Furthermore, there was an improvement in "coping", and beliefs in an afterlife were increased. Therapists trained by Botkin to conduct induced ADCs have had similar success and improved the well-being of patients. Botkin also used a sample of 16 therapists listed on his website and asked them to rate the outcome of induced ADC therapy. The therapists reported this therapy as "being between much better and dramatically better than other therapies used to treat grief" (p. 223).

Valdez, who is trained in IADC (2022) differentiates the IADC process from standard EMDR by asserting that, in EMDR, the client is asked to recall a traumatic memory or image, while in IADC, the client is asked to focus on the core emotional issue in grief – namely sadness – while receiving the bilateral stimulation. The therapist instructs the client to "just be open to anything that happens" (Valdez 2022, p. 281). IADC practitioners claim that it is the processing of the core sadness that provides positive therapeutic change (Hannah et al., 2013). Induced ADCs are being utilised around the world and in some documented cases (e.g., Beischel et al., 2011; Beischel & Schwartz, 2007; Kelly & Arcangel, 2011; Roy & Robertson, 2004), it is reported that they assist the bereaved in reducing grief, reducing death anxiety, problem resolution, and spiritual connection.

One study slated for publication in 2022 by Dr Jan Holden explores the effects of IADC on grief compared to traditional grief counselling (TGC). TGC includes interventions based on William Worden's (2018) work, such as basic counselling skills along with the use of symbols, writing, drawing, role-playing, creation of a memory book, guided imagery, and use of metaphor (pp. 107-110). Forty-one bereaved participants (predominantly older white women) were randomly assigned to one of the two counselling conditions.

The study found that participants receiving IADC significantly decreased their grief symptoms, compared to the TGC group, even when only 15% of participants met the criteria

for prolonged grief and the treatment was brief. They asserted that their brief IADC intervention was successful due to the unique features of IADC that coincide with bilateral stimulation, including either a reduction in core sadness and/or facilitation of ADC. Given its effectiveness, there is no doubt that further research is needed regarding the potential use of IADC within grief counselling.

2.10.2 Moody's Psychomanteum

Other means of using and inducing ADCs without a medium have also been used within psychology. For example, in 1992, Raymond Moody developed a method of inducing ADC by 'mirror gazing'. He dubbed this method a 'psychomanteum', which involves a "dimly lit room in which a sitter gazes with open eyes into a mirror with the intention of contacting a deceased individual" (Hastings et al., 2002, p. 212). Mirror gazing has since been investigated by the Institute of Transpersonal Psychology in Palo Alto, California (ITP: now Sofia University); in one 2002 study, the ITP investigated the experiences of 27 psychomanteum participants who reported various experiences: physical sensations; images appearing in the mirror; a sense of presence; dialogues; and auditory, visual, and olfactory phenomena (Hastings et al. 2002). Overall, participants reported significant alleviation in unresolved feelings, missing the dead person, and feelings of grief, loss, sadness, guilt, and fear (Hastings et al. 2002). Yet intriguingly, even those who did not experience contact also reported improvement in feelings of grief and sadness. This may indicate that it is not the ADC in itself that reduces grief symptoms but other elements of the process, such as focusing on the grief or reducing sadness.

2.11 Assisted After-Death Communication through Mediums

The present study is focused on how assisted ADCs through a medium influence participants' grief. Thus, it is critical to thoroughly explore what it means to be a medium and what the practice of mediumship entails. Mediumship is the practice of purportedly mediating communication between spirits of the dead and living human beings (Mernie 2005). Practitioners are known as 'mediums' or 'spirit mediums', an individual that regularly experiences communications with the deceased (Beischel, 2013; Fontana, 2005). A

“psychic”, on the other hand, regularly receives information about or from living people, different locations or events, and times in the past or in the future. Fontana (2005) stated that all mediums are psychics, but not all psychics are mediums.

2.11.1 Types of Mediums

There are different types of mediums: **mental mediums** (also called clairvoyants) communicate with the deceased during a “conscious, focused waking state” (Burhrman, 1997, p.13) through collecting “super sensory information from the spirit” and translating and offering their interpretation to the client (Wallis, 2001, p. 132). Gauld describes it as: “Through *interior* vision or hearing, or through the spirits *taking over* and controlling their bodies or parts thereof, especially ... the parts required for speech and writing” (1982, p. 4). The process of a mental medium or clairvoyant giving information to a person (called a sitter) is called a “reading”, and the deceased communicators are called “discarnate” (Fontana 2005). On the other hand, **trance mediums** enter a sleep-like trance, and afterwards, the medium experiences amnesia (Sher, 1981). In this case, the medium is possessed by the spirit and adopts the deceased's character, mannerisms, posture, and voice (Wallis, 2001, p. 132). Finally, **physical mediums** include phenomena such as levitation, movement of objects, raps on the wall or tables, and even independent voices (Fontana, 2005).

The present study focuses on mental mediums, who usually give ‘readings’ face to face with one person (called a ‘sitter’) or in groups in private venues or spiritualist churches/centres. Mediums are not able to control what communications come through from spirit, and mental mediums may mentally ‘hear’ (clairaudience), ‘see’ (clairvoyance) or ‘feel’ (clairsentience) the messages (Fontana, 2005).

2.11.2 History of Mediumship

Mediumship was popular in the nineteenth century when it was a form of entertainment for the elite. The 1840s also saw the rise of a new religion called Spiritualism, mainly in English-speaking countries (Braude, 2001; Brittin, 1996). Spiritualists believe that the dead exist as spirits and can communicate with the living (McCarthy, 2012). Some spiritualists believe that ‘spirit guides’ (specific spirits) can guide people (Braude, 2001; Carrol, 1997). Spiritualists believe that anyone can receive messages from spirits, but

formal communications occur through a medium (Carroll, 1997). Most 'spiritual churches' have formally adopted a pattern of a Christian denomination, liturgies, and a set of principles and training requirements for mediums. Most Spiritualist churches/centres belong to the Spiritualists National Union (SNU, founded in 1890), which has 350 affiliated spiritualist churches or centres in the UK. The services are often led by a medium who provides readings for the people attending. Mediums can be trained at specialist centres, such as the Arthur Findlay College in Stanstead, UK.

Despite the initial popularity of mediumship 200 years ago, various investigations of mediumship fraud (Brandon, 1983; Melbourne, 1979) in the twentieth century meant the practice lost credibility. Yet it subsequently came to the attention of scholars and scientists (including Sidgwick, Myers and Gurney), who in 1882 founded The Society of Psychical Research (SPR) in London. In the early days, much of society's work exposed fake phenomena; however, today, the SPR has a more objective approach to psychical research, carrying out field investigations, surveys and experimental work.

This rational approach to mediumship research emerged following the resurgence of Spiritism, a branch of Spiritualism, which Kardec originally developed in France in the 1850s. He wrote about the nature, origin and destiny of spirits and their relationship to the corporeal world via mediums (Moreira-Almeida, 2008). He argued that spiritism could be studied using a rational approach, stating there was "nothing supernatural" about communication with spirits (Kardec, 1857, p. 59).

Spiritism has become increasingly popular over the decades and is one of the reasons that mediumship has become more established in the 21st century. According to the International Spiritist Council (ISC), Spiritism is currently represented in 35 countries. It is a major component of the Afro-Brazilian religion Umbanda (a blend of Spiritism, Roman Catholicism and indigenous American beliefs), with 34 centres listed in the UK (Kardec.org.uk website).

2.11.3 Research into Mediumship

In recent years, the authenticity of mediumship has been researched and examined scientifically by members of the British and American Societies for Psychical Research,

including psychologist William James, physicist Oliver Lodge and physiologist and Nobel laureate Charles Richet (reviewed in Blum, 2006). James (cited in Moreira-Almeida, 2012, p.194) stated that the study of mediumship “cries aloud for serious investigation” because although some mediums were found to be fraudulent (Brandon, 1983; Milbourne, 1979), others examined under strictly controlled conditions genuinely seemed to have access to pertinent information (Fontana, 2005).

For example, recent research on mediumship under double- and triple-blind conditions has examined the accuracy of statements provided by mediums (Beischel et al. 2011; Beischel & Schwartz, 2007; Jensen & Cardena, 2009; Kelly & Arcangel, 2011; O’Keefe & Wiseman, 2005; Roy & Robertson, 2004). Yet scientific research on topics surrounding mediumship and ADCs arguably faces challenges given the need for ‘hard evidence’ from the scientific paradigm; this is why Julie Beischel, PhD, set up the Windbridge Centre in 2017. Beischel uses interdisciplinary training in the “hard sciences” to apply the scientific method to controversial topics. Her current research interests include examining the accuracy and specificity of the information mediums report, their experiences, psychology, and physiology and the potential social applications of mediumship readings.

Only Windbridge-certified research mediums (WCRM) are used for research projects. These mediums were screened and trained for a year using an 8-step screening and training procedure consisting of: 1) a written questionnaire; 2) personality/psychological tests; 3) phone interview (with an existing WCRM); 4) phone interview (with a Windbridge Investigator); 5) two blinded phone readings; 6) mediumship research training; 7) human research subjects training, and 8) grief training. The rigorous testing and training processes aim to establish their authenticity, although most mediums consulted by the public across the globe are self-certified with no credibility checks. Thus, the research findings stemming from Beischel’s research arguably possess greater reliability and validity than other research studies that do not use trained/certified mediums.

The following sections will review research focused on different aspects of mediums: the psychology of mediums, including pathology; the accuracy of readings ; phenomenology (Beischel & Rock, 2009); physiology (Beischel, 2013a); and neurobiology of mediumship (Hageman et al. 2010).

2.11.3.1 Psychology of Mediums

It is important to briefly review the psychology of mediums to give an insight into how they may behave and operate with clients, as this can impact the lived experience of the 'sitters'. Beischel (2018) examined mediums' characteristics and concluded that mediums do not show symptoms of mental illness or other disorders and have greater psychological well-being and less stress than non-mediums. Moreover, Powers et al. (2016) found via phenomenological interviews that the hallucinatory experiences of psychic voice-hearers were similar to patients diagnosed with psychotic disorder yet concluded that the psychics could control the onset and offset of their voices. When they first heard the voices, they were less distressed than patients, and when they shared what they heard, the experience was more likely to be positive. However there was considerable overlap between clinical and non-clinical psychosis-like experiences. The researchers hoped that such research might help those who hear distressing voices so they could be trained to control these.

2.11.3.2 Pathology of Mediums

The way in which mental mediums communicate with deceased persons is not well understood, and is not the focus of this study. Although mental mediums generally remain in a focused and wakeful state throughout mediumship demonstrations, they “may be in a slightly dissociated state” (Gauld, 1983, p. 25) and they may also report the presence of two or more distinct identities or personality states in the form of spirit guides or controls, phenomena that have also been associated with the diagnostic criteria for dissociative identity disorder, according to the DSM-5 (APA, 2000). However, not all dissociative experiences can be regarded as pathological (Delmonte et al., 2015; Waller, Putman and Carlson, 1996); it is only potentially pathological if, according to the DSM-5, it is:

Involuntary, distressing, uncontrollable, and often recurrent or persistent; involves conflict between the individual and his or her surrounding family, social or work milieu; and is manifested at times and in places that violate the norms of the culture or religion (cited in Delmonte et al., 2015, p. 295).

This is important because the DSM-5 does not consider cases of possession where an individual has a positive experience, but there is social unacceptance/stigma, on how possession experiences can develop within a belief system (Mota & Trad, 2011; Zangari, 2005). Yet it does highlight that going against the norms of the culture or religion prevalent in society can render an individual 'pathological' in the eyes of many (including the DSM-5). This highlights the potential conflict in the sitters, who may feel that their experience with a medium is taboo because the medium exhibits behaviour that 'goes against the norms of the culture or religion'. This, in turn, could affect their response to any ADCs experienced (via a medium) with the deceased; they may seek alternative ways of coping or re-framing their experience as a result, for example (Alminhana, 2013; Menezes, 2012; Menezes, Alminhana & Moreira-Almeida, 2012; Moreira-Almeida et al., 2007) Delmonte et al. (2015) illustrated how important it is not to pathologise someone with unusual experiences too early, whether this is a medium or a bereaved individual experiencing ADCs, given it can lead to dual and/or conflicting experiences, such as a sense of well-being occurring at the same time as social distress and fear of lacking control and understanding.

The fact that the DSM-5 takes a dualistic approach to possession based on whether an individual's culture/religion supports possession or not indicates how pervasive intersubjectivity and social constructivism are to the generation of 'meaning' and reality in today's world. Where it is supportive, the possessed person often has a healthy experience; where not supported, the person is pathologised. Thus, clinicians and researchers across the globe must maintain an objective view when conducting research. Clearly, if a medium appears to be affected by the ADCs they experience, this can have significant repercussions for the experiences of the bereaved sitters 'in-the-room' who may need facilitation.

2.11.3.3 Accuracy of Medium Statements

Several research studies have attempted to establish the accuracy of medium readings in blinded studies (e.g., Robertson & Roy, 2004). Some studies have found greater (significant) accuracy for

readings that contained more general statements than readings containing fewer, yet more highly specific, statements (O’Keeffe & Wiseman, 2005), yet arguably this is not surprising, as many people can relate to general comments. Other studies have found that sitters have been only marginally more able (Beischel & Schwartz, 2007) or completely unable (Jensen & Cardena, 2009) to accurately pinpoint the reading intended for them in double and triple-blind studies, which suggests a lack of specific information in many readings (Kelly & Archangel, 2011). How authentic and targeted the medium reading appears to be naturally has implications for how comfortable and engaged sitters are, and how impactful or emotive any ADC via a medium is perceived to be by the sitters, all of which could significantly affect their emotions and behaviour as they grieve the loss of their loved one, for better or for worse.

2.11.3. 4 Phenomenology of Mediums

Some studies have found that phenomenologically (experientially), mediums experience a negative psychological effect, altered experience, body image, time sense, perception, meaning, attention, direction, altered state of awareness, self-awareness, volitional control and memory during a reading (Fischer, 1980; Rock & Baynes, 2007; Rock & Beischel, 2008; Tart, 1972/1998)). They can also have distortions during the discarnate experience (Rock et al. (2008) and Beischel (2013) reported mediums experienced feelings of sorrow, longing, remorse and anger. In effect, the phenomenological accounts point to spatial expansion and transpersonal experience (Pekala 1991)

2.11.3.5 Neurobiology of Mediums

Delorme et al. (2013) found differences in EEG results of mediums that suggested that a medium communicating with the deceased may enter a distinct mental state, different from ordinary thinking. This raises many questions and more research in this area is required. The findings surrounding the neurobiology and brain activity of mediums, such as they are, are important to this study because they suggest that there is more to understand about life after death, including if and how the deceased make contact with the living, including through mediums. With current understanding being limited, it is arguably easy to dismiss ADC experiences out of hand. However, this complex field must be examined further while respecting that many people in the world believe in an afterlife (Peres et al., 2007a). Moreover, in attempting to understand mediums and what changes may be taking place in their physiology,

neurobiology and psychology as they receive messages from the deceased, a complex picture emerges in which there are more questions than answers. This leads to the next area for exploration: where a medium's information may come from.

2.11.3.6 Where Does Medium's information Come From?

Understanding where a medium obtains information can influence how a sitter responds to or feels during and after a reading. According to the so-called 'survival hypothesis', mediums receive information from the discarnate (the deceased in an afterlife) (Beischel et al., 2013). However, a sceptic could argue that the medium has obtained information due to 'sensory leakage' (word of mouth, written records or body language) rather than actually obtaining the information from a discarnate. Even if the information has not been received from the physical world, supporters of 'Super ESP' or 'super psi' (see next section) state that mediums could access the information clairvoyantly or telepathically from anything that exists physically. This is often called the "super psi hypothesis" (Beischel et al. 2013), which merged Extrasensory Perception (ESP) and Psychokinesis (PK). Researchers investigating mediums found that clairvoyance and telepathy could sometimes account for the information presented by mediums as being produced by the discarnate. Braude (1989) is a leading proponent of the super psi concept, which allows for limitless PK and ESP.

However, opponents of super psi argue that it assumes that mediums have far more extensive abilities than have ever been seen to exist in the laboratory. Another problem with super psi is dealing with drop-in communicators unknown to the medium or the sitters and with apparitions. The latter would have to be projections from the thoughts of a living person. If seen by several people simultaneously, the apparition would have to be created and passed on by telepathy. Looking at the objections to super psi, Gould (1982 p.127, cited in Fontana, 2005, p.111) stated that it does not suffice "to explain the quantity of correct and appropriate information [relating to survival] sometimes furnished". In a similar vein, Burt (1967, in Fontana, 2005, p.111) stated that Super ESP contains incredible assumptions.

Furthermore, the super psi hypothesis does not address how mediums can obtain information clairvoyantly from the environment. As a hypothesis, it is untestable and, therefore,

cannot be falsified (Fontana, 2005, p.112), one of the cornerstones of scientific credibility (Popper, 1934).

In another hypothesis, “The Psychic Reservoir/Collective Unconscious” (Fontana, 2005, p.112), it is submitted that the information could have been retrieved from some paranormal data bank, such as the ‘Akashic records.’ This was first proposed by Professor William James, who stated that this constituted a record of every happening in the cosmos, and a medium could draw upon this store (Fontana, 2005 p.114).

According to this hypothesis, the communications from the deceased are nothing more than ‘fragments of this cosmic memory’ (Fontana, 2005, p.114). Theorists such as Fontana, however, assert that the hypothesis is inherently problematic for many, as there is no scientific evidence to support it, given that it cannot be falsified. He surmises that James generated the hypothesis to ‘meet the philosophical difficulties he had with the idea of survival without a physical body’ (Fontana 2005, p.115).

Theosophists do not use the term ‘akashic records’, but the term could be confused with ‘akasha’ which Madame Helena Blavatsky used in her first book “Isis Unveiled (1877)” where she defines ‘akasha’ as the source of all life, the reservoir of all energy, and the motion behind every change of matter. Yet given the non-physical nature of the records, it is impossible to scientifically verify the actual existence of this in a positivist sense, yet it serves to show just how wide-ranging the various explanations for the phenomenon of mediumship communications are.

This is a controversial area open to debate, given the ambiguous evidence and difficulty in assessing and understanding the nature of this phenomenon. However, some blind experiments have shown significant results, indicating that those mediums cannot obtain information from sitters by way of observing their reactions or fishing for information

(a cold reading). More research is clearly needed, especially given the significant impact the experience of mediums can have on the lived experience of the sitters, including how ADCs through a medium, influence the grieving process of the bereaved. It is important to remember that the focus of this thesis is not on the veridical information about the deceased (which would be the domain of parapsychology) but on the bereavement experience of participants having a medium reading after the death of a loved one.

2.12 The Impact of After-Death Communications on Grief

To have an in-depth understanding of spontaneous after-death communications (ADCs) and how they affect the grieving process of the bereaved, definitions of the term are given first, followed by research studies on the positive experiences of both spontaneous and assisted ADCs. Finally, research showing that ADCs are not always a positive experience for the bereaved is explored.

2.12.1 Spontaneous After-Death Communications

Spontaneous ADCs are experienced directly by the bereaved and can consist of sensing the presence of the deceased or visual, olfactory, tactile, and auditory phenomena (Field, 2006; Kamp et al., 2020; Parker, 2005; Woolacott et al., 2021). In addition, the bereaved may have dreams or hear music associated with the deceased (Woolacott et al., 2021; Kamp et al., 2020; Field, 2006; Parker, 2005). In the literature reviewed, ADCs are also referred to as: extraordinary experiences or exceptional experiences (EEs) (Parker, 2005); ideonecrophobic experiences (IES) (MacDonald, 1992); idiophany (Barbato et al., 1999); post-death encounters (PDE); post-death contact (PDC) (Klugman, 2006) through dreams; and hallucinations. These terms possess slightly different connotations; for example, a hallucination is deemed a sensory perception without an actual external stimulus (DSM-5), has a negative connotation and is associated with psychosis. In contrast, an IE was intended as a non-pathologising replacement for hallucination. For the purposes of this study, 'after-death communication' (ADC) (Guggenheim & Guggenheim, 1995) is used to refer to any "experience in which a living person has a feeling or sense of direct contact with a deceased person" (Streit-Horn, 2011, p. 1). Whilst using different terms, various studies

exploring this phenomenon are usually referring to ADCs (spontaneous or assisted). These experiences appear to occur along a continuum of intensity and emotional impact yet are generally perceived to be common, natural and non-pathological (Worden, 1991), with predominantly positive outcomes for the grieving process of a bereaved individual (Drewry, 2003, p.75). Studies tend to indicate that participants deem ADCs to be real (Conant, 1996; Sanger, 2009) and perceive the term hallucinations to be stigmatising (Barbato et al., 1999; Sormanti & August 1997). Indeed, when some literature refers to 'hallucinations', it seems what is meant is 'ADCs' if the context is bereavement, with 'hallucinations' per se being reserved for pathological cases.

2.12.2 Positive Experiences of Spontaneous After-Death Communications

Researchers looking specifically at the effect of spontaneous ADCs on the bereaved state that they can have a positive impact on grief – i.e., there was a reduction in grief (e.g., Conant, 1996; Drewry, 2003; LaGrand, 2005; Parker, 2005; Nowatzki & Grant Kalischuk, 2009; Sormanti & August 1997 (reviewed in Krippner, 2006)). Drewry (2003) found “varying degrees of spontaneous healing or resolution of grief” (p. 78) in 40 experiences of ADCs, whilst Parker (2005) found in a questionnaire/interview study investigating Extraordinary Experiences (EEs) that the EEs provided the 12 bereaved participants with “specific grief, bereavement and/or other needs for individuals such as consolation, comfort, reassurance, and encouragement” (p. 272).

ADCs were also found to provide psychological benefits (in Sormanti and August's (1997) study of bereaved parents), emotional peace (Conant's (1996) study of widows), personal and spiritual growth with a reduction in existential fear (La Grand, 2005), and “increased confidence in problem-solving and decision making” (Dannenbaum & Kinnier, 2009, p. 109). Positive ADCs have led the bereaved to feel less loneliness (Glick, Weiss & Parkes, 1974), provided guidance and encouragement (Conant, 1996), restful sleep and mitigation of loss (Parkes, 1972), and allowed individuals to resolve unfinished business with the deceased (Klass, 1992; Klass et al., 1996), provided spiritual strength, practical help

and comfort (Bennett & Bennett, 2000) and resolution of helplessness and feeling safer after the death (Conant, 1996).

Resolving unfinished business is an important function of ADCs (Klass 1992; Klass et al., 1996). In Hayes et al. (2008), Aggie heard her boyfriend's voice and was able to process her feelings, accept his apology and say goodbye. In another case, Samuel heard his grandmother's voice telling him how to fix his grandfather's waste disposal. Thus, as in Nowatzki and Kalischuk (2009), post-death ADCs tended to "have a positive and therapeutic effect on the griever...[forming] an important part of healing" (p.103). 23 participants felt hopelessness pre-ADCs, but post-ADCs felt there was 'proof' of an afterlife and reported feeling "warm, love, peace, hope, happiness and comfort" as a result of the ADC (p. 102), enabling them to establish a bond with the deceased and make meaning in death. They felt this life-changing experience helped reduce their fears and uncertainties around death. Death with ADCs seemed to change the relationship from "loving in presence to loving in absence" (Attig, 2004, p. 359), which may help the bereaved cope with physical loss.

2.12.3 Positive Experiences of Assisted After-Death Communications

Research indicates that assisted ADCs can help the bereaved to recognise that their relationship with the deceased still exists and falls into the continuing bonds model (Beischel et al., 2013; Beischel et al., 2015; Beischel & Schwartz, 2007; Hageman et al. 2010; Klass, Silverman & Nickman 1996; Roy & Robertson, 2004; Roxburgh & Roe, 2011), whether the ADC was spontaneous or induced.

The Windbridge Institute in the USA (Beischel, 2007) and FFF conducted a study to assess the potential therapeutic benefit of ADCs in treating grief. They collected data through an anonymous online survey. The goal of the questions was to obtain participants' experiences concerning the MHPs they had seen. Some of the participants had been counselled by both a MHP and had a medium reading and could answer additional questions. 83 participants (90% female) completed the survey. The mean time between the discarnates' death and the medium reading was 36 months. A subset of 29 participants (35% of the total) also consulted with a MHP regarding their grief. Their grief was rated

before and after receiving a reading from the medium using a simple Likert scale. They found a reduction of 1.17 in grief after participants consulted a medium and a reduction of 0.76 after consulting a MHP. These findings were consistent with other research results concerning the effect of ADCs on grief. 17 of the 29 participants (59%) told their MHP they had a reading with a medium. Just over half (n=11) stated this was used in a positive way to progress their work. Other participants reported that this information was either ignored or they were advised not to have another medium reading.

While Beischel from the Windbridge Institute and FFF acknowledge that the study provided a fascinating insight into the experiences of bereaved participants after an assisted ADC, they caution that it is not conclusively demonstrative of an overall positive effect, given that the self-selected participants already believed the readings were helpful, the comments were retrospective, and the sample size was small. Yet, despite its limitations, the study alerts us to the possibility that traditional counselling approaches focusing on separation and loss provides only one approach to grief and that a “continuing bonds” perspective, in which the bereaved are offered the opportunity to have both counselling and a medium reading (from a verified and tested medium), maybe more useful and appropriate to some.

Indeed, the evidence from research to date emphasises that the bereaved can and do benefit from medium-assisted ADCs. The findings of Rees (1971b; 1975) showed that 82.4% of people found their experiences comforting, whilst Bains (2014) concluded that a medium gave participants a sense of resilience, and they were better able to cope as they had been given proof of life after death. Evenden, Cooper and Mitchell’s (2013) work further supported this; three participants who had consulted a medium after bereavement were examined to see how the experience impacted their grief. The interviews were intensive, and a case study of each was carried out. All three participants stated that the experience was: therapeutic; psychically healing; they achieved a continued bond with the dead; their sense of relationship with the deceased was enhanced, and it decreased their sense of grief and fostered hope. Thus, mediums helped participants achieve unmet needs and reduce symptoms of grieving.

Mediums can assist bereaved individuals with unanswered questions; for example, those experiencing spontaneous ADCs may feel confused and curious about their experiences and compelled to find out more, often leading to them consulting a medium. In other cases, the bereaved may not have had spontaneous ADCs, and their intense grief leads them to consult a medium because they want to know how their loved one is or perhaps, they have unanswered questions about the death. Streit-Horn's (2011) review of the literature concluded that most people that had a negative experience from an ADC, either spontaneous or induced, which was frightening or confusing, predominantly "seemed to suffer as a result of lack of understanding" (p. 60). Mediums may be one means of helping the bereaved to gain further information about a prior ADC.

A review of the literature reveals that there is limited research about assisted ADCs, bereavement and grief (Beischel, 2019; Klass et al., 2018). However, one key piece of literature that is similar to the present study was conducted by Loetschert (2014). She examined the lived experience of seven American female participants through a descriptive phenomenological investigation, exploring the meanings the bereaved participants attributed to their assisted ADC experience (with a certified Windbridge Institute medium), as well as what made the experiences "healing" (Loetschert, 2014. p. 89). The results confirmed common themes in assisted ADC descriptions similar to those found in spontaneous, facilitated, and induced ADC (Loetschert, 2014. p. 92), and all the participants "felt satisfied with the reading and believed it to be positive and beneficial" (Loetschert, 2014, p. 84). The participants also reported feelings of closure, healing, comfort, and relief.

In addition, the results also indicated that "bereaved individuals feel that by communicating with the deceased through a medium, a connection is made" that supports a continuing bond (Loetschert, 2014, p. 95). While the study seems similar to the present study, there are significant differences. The participants in the current study are all UK residents, and the methodology involved is Interpretative Phenomenological Analysis (IPA), focusing on their lived experience rather than descriptive phenomenology aiming for emerging themes or 'essences.' This is discussed further in Chapter 3. Furthermore, the participants in the Loetschert

study used certified Windbridge mediums, while in the current study, participants had readings from different self-selected mediums, the usual practice worldwide. It is anticipated that these fundamental differences will provide much-needed IPA literature on how assisted ADCs via mediums influence grief post-bereavement in the UK. This study does not seek to show the truth or accuracy of medium readings but rather to give voice to the participants' experiences and perceptions.

2.12.4. Negative Experiences of After-Death Communications

Spontaneous ADCs are not always a positive experience for the bereaved. Some cases have reported clinical depression, loss of reality, and pathological grief (Baethge, 2002; Kersting, 2004; Simon et al., 2011). Whilst the data on ADCs indicates that they occur among “normal, healthy people” (Streit-Horn, 2011, p. 61), different cultures may respond differently to ADCs. For example, Leichtentritt et al. (2016) examined the experiences of 30 bereaved parents and siblings in Israel, where it was common for the bereaved to feel uncomfortable about discussing their ADCs. Even in the Western world, ADCs may be pathologised and prescribed anti-anxiety, anti-psychotic or anti-depressant drugs (Berger, 1995). Berger (p. 2) noted that the bereaved often feel their experiences are abnormal, indicative of a hallucination or mental aberration (p. 2). The perception that these experiences are abnormal has been exacerbated by the lack of research and literature on ADCs (until recently); most use the term ‘hallucinations’ to describe “sensory experiences” that are synonymous with ADCs (Kamp et al., 2020; Woollacott et al., 2021). The complete works of Freud refer to spontaneous experiences of the bereaved as “psychotic hallucinations” (Freud, 1957, p. 83), for example. Moreover, the ongoing reluctance of mainstream science to consider experiences that suggest life after death can add further stigma to an already controversial topic. Indeed, the label ‘delusional’ is given too often to such experiences. Arguably, health care and counselling professionals should focus on the therapeutic effect of ADCs for the bereaved rather than the validity of the incident.

Furthermore, Parker’s (2005) study found that even when EEs are perceived through a spiritual belief system that perceives death as a transition from one life to another, an EE “can be a negative experience that fulfils no apparent bereavement or non-bereavement needs, supply no comfort to the bereaved, and does not facilitate the grief process” (Parker, 2005, p. 278). He further emphasised that

it is not in the bereaved's interest to explain EEs using terms such as "hallucinations, illusions, fantasies and/or 'just a dream'" (Parker, 2005, p.280), warning that to do so, "can alienate the bereaved by stigmatising, or pathologising very personal, and sometimes profound, Extraordinary Experiences" (Parker, 2005, p. 278).

Other researchers have revealed that individuals have experienced voices (which could be regarded as spontaneous, auditory ADCs) that were relevant to the situation but detrimental, abusive and discouraging (Hayes & Leudar, 2015); Leudar & Thomas, 2000; Thomas, Bracken & Leudar, 2004). In Thomas et al. (2004), Sue could hear her dead husband's voice constantly criticising her in the same way he used to when he was alive; as such, his voice was embodied in her past and present or 'quasi-present'. Thomas et al. (2004) warned that we should beware of identifying such voices as "disorder, deterioration and degeneration" (p. 22).

The meaning that participants give to the voices seems to impact how they will affect them and whether they will cause further distress (Birchwood & Chadwick, 1997; Close & Garety, 1998; Jones, Guy & Omrod, 2003; Sayer, Ritter & Gournay, 2000; van der Gaag, Hageman & Birchwood, 2003). The research shows that in most cases, the subjective experience of hearing voices is not a clear-cut case of positive or negative outcomes; in fact, most participants have more than one type of experience. For example, in Parkes (1965; 1972), ADCs were helpful during the first six months following bereavement but were then indicative of pathological grief. It is not clear why ADCs may be perceived as happy, painful or indifferent. Yet, the research indicates that hearing voices (spontaneous ADCs) could cause pronounced grief and feelings of absence after the event and in some cases, continue a fraught and challenging relationship.

Moreover, not all experiences of *assisted* ADCs are perceived to be positive by the sitter. For example, Rock and Beischel (2008) observed that mediums *receive* rather than retrieve information, and Walters (2008, p. 48) emphasised that mediums "cannot call up a particular spirit to order", but that a receptive medium "may well be contacted by the relevant spirit". Thus, a sitter may be disappointed if their loved one chooses not to contact them through the medium. Furthermore, when the relevant spirit does 'come through', there is a focus on identifying the deceased, information about the sitter's life since the death, and specific messages for the sitters (reviewed in Beischel, Mosher, Boccuzzi, 2014; 2015). This is

similar to information received through spontaneous ADCs (La Grand, 2005) yet may leave a sitter feeling underwhelmed.

Overall, negative ADCs may lead individuals to seek counselling, depending on the impact of their grief; when there is a negative ADC experience, Steffen and Coyle (2011) advise that “practitioners may need to sensitively explore the meanings such an event may have for the bereaved” (p. 605). However, for some this counselling may also prove to be a negative experience; in a study of counselling-related experiences of the bereaved who sensed the deceased’s presence, Taylor (2005) found that 62% of the participants had “totally unsatisfactory” experiences (p. 60). They “all described feeling unaccepted, abnormal, not understood, unable to connect to counsellors and that they had received no empathy” (p 60). This highlights that it is important that counsellors do not dismiss ADCs out of hand but seek to understand how some people cope with and interpret their experiences, and what role they may play in their recovery post-bereavement. This can be assisted by adopting a more Heideggerian phenomenology, which is focused on how people relate to the world (“being-in-the-world”) (Dreyfus, 1990).

2.13 Existential Literature

While grief and bereavement have been studied extensively by looking at emotions and processes (Klass et al., 2018; Kubler-Ross, 1969/1997; Stroebe et al., 2008/2011; Worden 1991), Tomer et al. (2007) looked at grief, death and the search for meaning from an existential perspective. There are a myriad of emotions bereaved people may experience, such as loss, isolation, death anxiety and meaninglessness (Barnett, 2009). This section will firstly look at the Four Dimensions Existential Model (see Figure 2.3; Binswanger, 1963; van Deurzen, 2010), followed by a review of some key concepts of existentialism that relate to this study (death anxiety; meaning and meaninglessness, relatedness; time and space) to see how they work within the Four Dimensions model.

2.13.1 The Four Existential Dimensions

Binswanger (1963) first presented physical, social and personal dimensions of the world in 1963, who was influenced by Heidegger's (1927/1996) philosophy and wanted to help people understand their lives more holistically. van Deurzen later added the Spiritual dimension in 2010. van Deurzen (1997) refers to these four existential dimensions using their original German name: physical dimension (Umwelt), where our bodies interact in the physical environment using our senses; social dimension (Mitwelt), which involves ourselves interacting with other people; psychological dimension (Eigenwelt), our personal dimension where 'I' or 'self' connects to our inner world; and spiritual dimension (Uberwelt), which may be referred to as our soul connecting to an absolute world of ideas. Meaning and a sense of purpose are found in this dimension (see Figure 2.3).

Furthermore, van Deurzen's (2009) idea of existential space illustrates the complexity of this model, in which the physical, personal, social and spiritual spaces can remain separate or overlap, especially in times of crisis like a bereavement. For example, after the death of a loved one, the bereaved *may* experience a change in their personal dimension, which may also affect their social dimension (and could also affect their physical and spiritual dimensions). The idea that following a bereavement, all four existential dimensions may change, is significantly linked with the concept of 'being-in-the-world' (Heidegger, 1927/1962).

2.13.2. Being-in-the-World

After losing a loved one, a person's 'Being-in-the-world' (Heidegger, 1927/1962) maybe challenged as they adjust to what has happened. 'Being' refers to the fundamental conditions of human existence (i.e., the ontological dimension) (Adams, 2018). For Heidegger, 'Being' was 'Dasein', meaning being open to all there is in the world (Cohn, 1997). In this study, the focus is on bereavement, grieving, adjustment to the loss of a loved

one and death and searching for new meaning and purpose. At the same time, the bereaved are trying to make sense of ADCs (spontaneous and assisted), which can challenge their pre-existing beliefs (Klass et al., 1996). The bereaved may question their way of 'Being in the world' in light of their new experiences, which could also affect their grieving process; this also depends on their relationship with their loved ones and how this loss may change their family structure or relationship dynamics (Kubler-Ross, 1969/1997; Stroebe & Schut et al., 2008; 2011; Worden et al., 1983/1991).

Many bereaved individuals experience a sense of meaninglessness and struggle to find a new way forward (Barnett, 2009; Kessler, 2019). Existential philosophy explores our existence, matters of life and death and how we make sense of it all (Adams, 2018). Existence is "the tension between life and death and the play of forces between" (van Deurzen, 1997, p.137). Whilst the models and theories of grief explored previously may relate more to medical models, an existential review focuses instead on the subjective lived experience of the bereaved, which is crucial to existential therapy (Barnett, 2009).

Thus, when a person loses a loved one (such as the bereaved in this study), the very core of their existence is altered; the world as they knew it is no more. There may subsequently be repercussions in all four dimensions of the Existential Model, which need to be worked through, tantamount to an existential crisis. This is defined by van Deurzen (2021, p.1) as, "a crisis of one's whole existence". Existential therapists (like myself) explore this existential crisis in terms of how people relate to others in the world (Heidegger, 1962/ 1927; van Deurzen, 2009/2010), how they experience their loss (in this case, including any ADCs they may have experienced) and how they can move on from their despair to cope and even thrive (Kierkegaard, 1949/2004).

2.13.3 Existential Anxiety and Being-towards-Death

Heidegger (1927/1996) uses the word 'thrownness' to describe that we are all thrown into a world and thus strive to find meaning and purpose in our short, uncertain existence (Adams, 2018). Heidegger (1927/1996) thus pointed out that death is not 'to come' but is already 'here', as we are all Being-towards-death (Adams, 2018). Experiencing the death of a loved one impels us to face death: theirs and (someday) our own (Tomer, 2007). This

intrinsically applies to this study, as the bereaved are confronted with their loved ones' death and the possibility of an afterlife (via ADCs), generating subsequent thoughts of their mortality.

"The awareness of death is the downside of human intellect" (Solomon et al. 2015, p.7). Faced with an imminent threat to our mortality (or the death of a loved one), we feel 'terror' and existential fear (Tomer 2016). In 1991 social psychologists Solomon, Greenberg and Pyszcznski, inspired by the work of Ernest Becker (e.g., 1973), formulated a theory (Terror Management Theory-TMT) outlining the effects death awareness has on the daily lives of people who try to manage the terror they feel (Tomer 2016). According to Solomon et al. (1991), humans have the cognitive capacity to understand that death is inevitable and therefore create symbolic death mechanisms to come to terms with the 'terror' they feel. TMT conceptualized a dual process model consisting of proximal and distal mechanisms (Pyszczynski et al. 1999). Proximal defences aim to suppress death anxiety by moving them into the distant future, while distal defences aim to enhance self-esteem and promote adherence to cultural worldviews (Tomer 2016). The latter not only provides a shared reality but also imbues the world with meaning, order and value (Solomon et al. 1991; Tomer 2016). According to TMT, cultural worldviews assist people in managing death anxiety by transforming a chaotic world into a meaningful belief system that can provide answers to existential issues.

People vary in what they find to be the most troubling aspect of death (Florian & Mikulincer 1998b), but TMT posits that people protect themselves from death-related anxiety by maintaining faith in their worldviews, whatever they may be. By being a part of something meaningful (for example, a religion or belief system) which is longer lasting than one's life, there is symbolic protection against the terror of death (Greenberg et al. 1997).

2.13.4 Meaninglessness and Meaning

Yalom (1980) identified four existential concerns that cause us anxiety (Tomer, 2007): 1) 'death', because our mortality is unavoidable; 2) 'isolation', because no matter how close we are in our interpersonal relationships, there is always a gap between our phenomenological experience and theirs; 3) 'freedom', given the absence of external structures that curtail our freedom, despite remaining

accountable for one's actions and freely created constructions; and 4) 'meaninglessness'; as we live in a world devoid of superimposed meaning, we have to create our own purpose to escape our anxiety and the threat of nihilism (Tomer, 2007). The four existential concerns apply to the bereaved in this study who are faced with the unavoidable death of their loved one; a sense of isolation as they are buried in their grief; the dilemma of freedom and choice about what to do next; and the urge to create personal meaning in a meaningless world.

Existentialists vary in their interpretation of meaning and meaninglessness (Tomer, 2007). Likewise, the bereaved in this study can experience meaninglessness after bereavement and search for a way to continue life with meaning in very different ways. Meaninglessness is emptiness, boredom, numbness, apathy, and an existential vacuum (Frankl, 1967), and the bereaved may experience some or all these emotions. In this state, the bereaved could lose their sense of direction, and the existential vacuum may be taken over by depression, addiction, alcoholism, obsessionism, and delinquency (Tomer, 2007). For Camus (1965), meaninglessness comes from the irresolvable absurdity of life or the gap between the drive to live and the awareness of death. For Binswanger (1958), meaninglessness comes from living inauthentically. For Yalom (1980), meaninglessness is the failure to find answers or cope with existential concerns that could potentially lead to suicide. All the above could be experienced by the bereaved in this study, who may be going through an existential crisis in all four dimensions (see Figure 2.3), which could be why they experienced ADCs in the first place.

For the bereaved searching for answers and struggling to find meaning, Viktor Frankl (1959, 1963, 1973) stated that true meaning can be found by dedicating your life to a more significant cause than yourself. For Baumeister (1991), the search for meaning is attained through fulfilling important needs, including purpose, values, efficacy and self-worth. Finding meaning and, once again, engaging with the world after an existential crisis may be challenging, but the bereaved in this study could find meaning by serving a 'greater cause', while also looking inwards to live authentically, reflecting on their values, and self-worth. This is encapsulated by 'meaning management', which refers to meaning-seeking and meaning-making to understand who we are, what really matters and how to live a good life in spite of suffering and death (Tomer, 2007).

Meaning-management can transform our assumptive world and core values (Tomer, 2007) and can facilitate death acceptance for oneself and bereavement. Meaning-Management Theory (MMT)

The Four Dimensions Existential Model

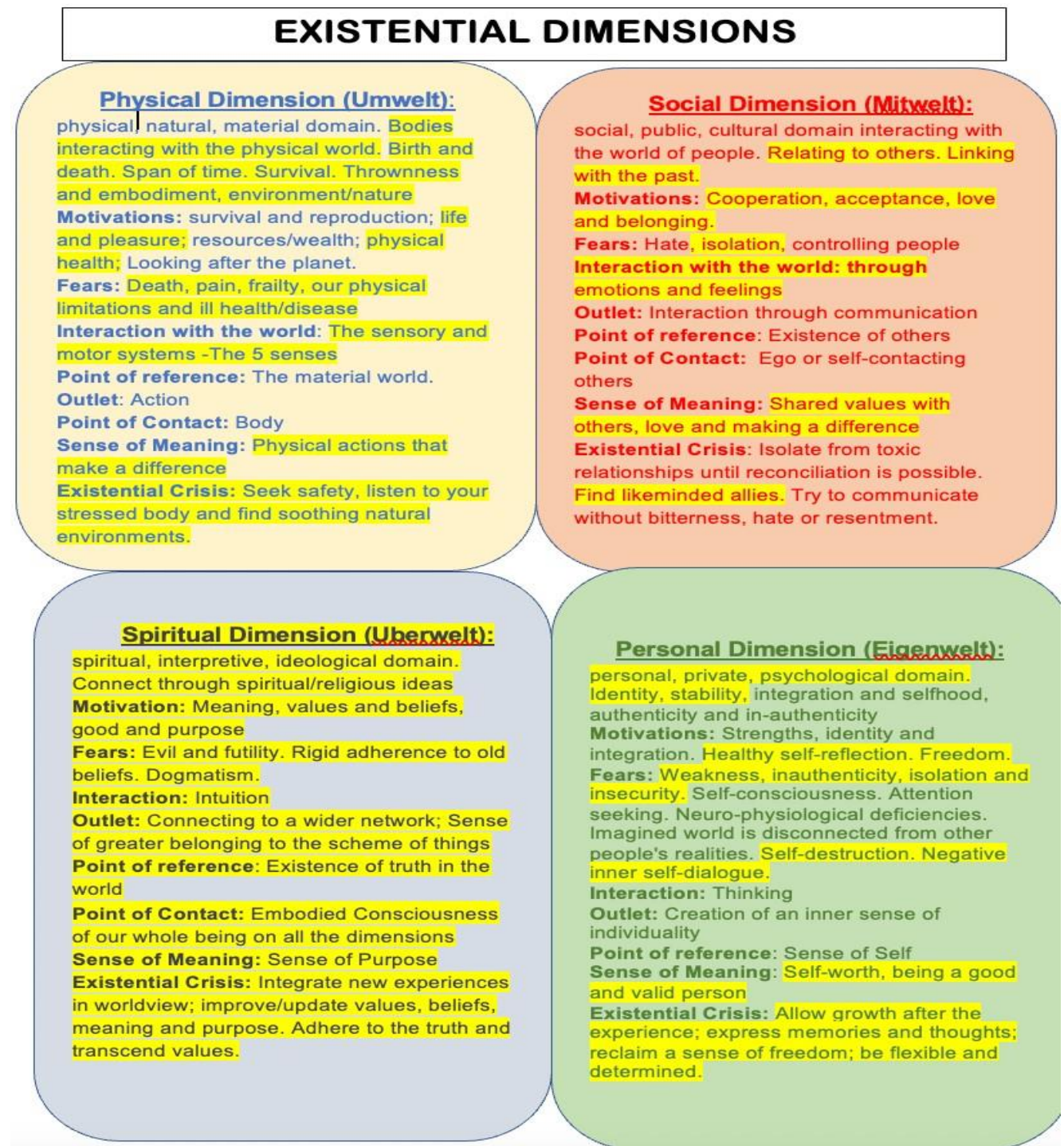


Figure 2. 3 The 4 Dimensions Existential Model

Note. The 4 Dimensions Existential Model By Binswanger (1963) and van Deurzen (2010) (interpreted from van Deurzen (2010)). The highlighted areas are an example of what a bereaved person may be experiencing; the spiritual dimension may be particularly important to those experiencing bereavement and ADCs.

has a foundation in existential-humanistic theory (Wong, 2005a) and constructivist perspectives (Neimeyer, 2001b), while also incorporating cognitive-behavioural processes.

MMT centres on how to manage meaning-related processes for survival and happiness, predicting that a sense of meaning and purpose is the best protection against the terrors of life and death (Tomer 2007). Wong (1998) identified seven sources of personal meaning: achievement and striving; intimacy and family love; relationships (community); self-transcendence; religion & spirituality; self-acceptance and fair treatment. Studies reveal that these sources appear to be universal (Kim, Lee, & Wong, 2005; Lin & Wong, 2006; Takano & Wong, 2004). In particular, MMT provides a positive perspective for those struggling with end-of-life or bereavement and can be used in positive existential psychology and psychotherapy.

2.13.5 Beliefs: Religion/Spirituality

In moments of crisis, such as the death of a loved one, beliefs become essential, as people need to make sense of what has happened and turn to their religious or spiritual beliefs (Jaspers, 1969; Kierkegaard, 2000; Tillich, 1954; van Deurzen, 1921), while others remain atheistic (Nietzsche, 1886/2010; Sartre, 1960/1982). Charles Taylor's (2018a; 2018b) view is that people need to have a spiritual allegiance to feel authentic, while van Deurzen (1921) pointed out that religion can either help people in their daily rituals and practice or become a source of new problems. Potentially this could be an issue in this study if any of the respondents have beliefs that are not compatible with ADCs.

2.13.6 Human Beings and Relationships

Heidegger (1927/1962) regards caring for others as part of Being-in-the-world and, at times of bereavement, friends and family often rally around the bereaved. Even when this happens, some bereaved experience feeling alone (Young, 2009). Existential philosophers argue that humans are never alone in the world, as we always exist in a relationship with others (Buber, 1958/2004; Heidegger, 1927/1962; Sartre, 1943/1969). This is echoed by Macquarrie (1973, p. 209): "No one can be a self apart from other-selves". Thus, authentic existence requires a social dimension, and a paradox exists between being an individual and the inevitability of Being-with-others. Furthermore, he adds that people and philosophy

exist at certain times in history, and therefore, if Heidegger's ideas around relationships are being used in research, it is important that issues such as culture, society and the historical time of the research are considered. When people meet others, they are not existentially separate and their past and present mingle together (Barnett, 2009). This is reflected in this study, leading to the inclusion of changing views of death over time, and the role of religious views. Individuals bring their beliefs, circumstances and history to their relationships with others (Heidegger, 1962/1927; van Deurzen, 2010), affecting how they relate to others and engage in an ever-changing world (Heidegger, 1988) and how they receive and interact with spontaneous and assisted ADCs. While these are experienced in the spiritual dimension, there may be a ripple effect in the other three dimensions during an existential crisis, including in relationships (van Deurzen, 2010).

Relationships with others in life can mean in death that there is an ontological awakening (Tomer, 2007; van Deurzen, 2010). For example, research by Paidoussis-Mitchell (2012) looked at the lived experiences of six bereaved women and analysed them using descriptive phenomenology. Four main themes emerged, revealing the phenomenology of traumatic bereavement: 1) experiencing a powerful embodied reaction to the news of death; 2) experiencing meaninglessness, isolation and an ontological awakening; 3) searching for meaning, and 4) experiencing a spiritual awakening that helped to create and maintain meaning. The researchers concluded that being traumatically bereaved profoundly impacts a person, causing a 'crisis in being' and throwing the person into a mode that resembles Heidegger's (1962) ontological mode, in which death is a part of our life and existence. Heidegger was concerned not about death itself but about our attitude toward it (Young, 2009). Death can bring meaning to a person's life (Barnett 2009; Yalom et al. 1991; Yalom, 2008). The findings inextricably link a person's being to their need for meaning (Frankl, 1984). The participants in Paidoussis-Mitchell's (2012) study experienced spiritual growth, illustrating that the spiritual world is where people make meaning out of existence (van Deurzen, 2002). Paidoussis-Mitchell (2012) recommended existential- phenomenological counselling for

traumatically bereaved people, stating that rather than approaching Traumatic Bereavement with psychiatric pathology by offering 'treatment', they should explore the very possible existential crisis of one's being. I have found this effective in my practice with bereaved clients who have lost loved ones and is an essential consideration for the present study as participants work through their bereavement and attempt to find meaning in their ADCs.

According to the APA Dictionary of Psychology, intersubjectivity is the sharing of subjective experience between two or more people and is seen as essential to language and the production of social meaning. The term is often used between therapist and client and presupposes that we, as human beings, cannot know reality except through our own senses: sight, hearing, smell, taste, or tactile feeling. i.e. we create shared meaning with others and can agree on what is 'real'. The concept of intersubjectivity is important because it's about the interactions between individuals and how they make meaning. It is a fundamental part of the 'Social Dimension' in the Four Dimensions Existential Model (Binswanger 1963; van Deurzen 2010), helping us to make-meaning whether the interaction is between family, friends, MHP or mediums.

2.13.7 Physical Distortions of Time

Those grieving might experience time differently (Minkowsky, 1993). In some cases, time appeared to stand still because the bereaved could not perceive a future without their loved ones. Minkowsky (1993) provided a phenomenological description of experiencing time in everyday life and then considered how time could be distorted when people had mental illnesses like schizophrenia or depression, using a schema to distinguish zones of experienced time (see Figure 2.4).

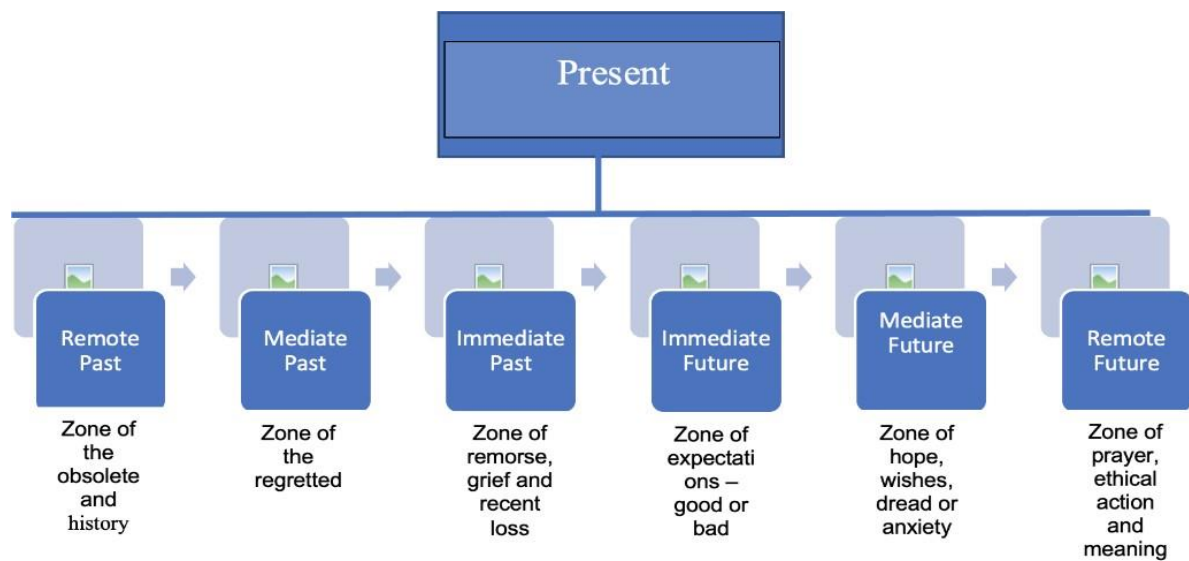


Figure 2. 4 Minkowsky's Schema of Experienced Time

Note. This figure shows what the bereaved may experience over time.

Minkowsky (1970) posited that distortions of lived time led to, for example, a depressed person envisaging no future, or individuals becoming more aware of their mortality when a person close to them dies. This awareness can lead to them re-assessing their life. Life may become a paradox as they endeavour to continue living with their loss while becoming more aware of death and mortality, and simultaneously live with any regret (both a feeling and a thought (Landaman 1993, p.45)) and unfinished business regarding the deceased (Tomer, 2007). This is one of humans' most significant trials, requiring them to delve deeply into their spiritual resources (by themselves or with the help of a MHP) to make sense of their experiences (Tomer, 2007). Existential therapy, psychotherapy and logotherapy can help the bereaved such as those in this study, to navigate not only through any regret but also to work through ADCs, towards meaning (Feil, 1985; Wright, 2003). This may be more effective than traditional grief counselling for bereaved individuals, especially those experiencing ADCs.

Moreover, given regret has been positively correlated with death anxiety (Tomer & Eliason, 1996), it is posited that positive ADCs could help the bereaved come to terms with

their regret, thereby reducing their death anxiety and helping them live a full life by accepting their Being-towards-death (Heidegger, 1962).

2.13.8 Embodied Being in Space

Existentialist Merleau-Ponty (1945/1962) explored perception and space. Throughout our lives, we are in 'space'. We are always 'somewhere'. Merleau-Ponty (1945/1962) argued that people are embodied beings in space, always relating to other objects or people. Our bodies are central to our world, and space is experienced from within the world and ourselves. Through phenomenology, we can understand the phenomena of space as a lived experience. For Merleau-Ponty (1945/1962), the body is not an object but rather a lived body, and together with the mind, it can help us live life while Being-in-the world. We have seen how the Existential Dimensions Model can apply to the bereaved in this study who experience ADCs, potentially experiencing changes not only in their spiritual dimension but also in their other dimensions.

For example, initially, the bereaved may feel overwhelmed. This feeling is embodied in space and time (Physical Dimension), affecting their physical health as they struggle to carry out functions such as eating, sleeping and working. They may feel isolated and unable to interact with friends and relatives who try to support them (Social Dimension). On a personal level, they may question why this has happened and spiral into negative inner self-dialogue and suicidal ideation (Personal, Physical and possibly Spiritual Dimensions). When ADCs are experienced, they may initially question their sanity, searching for answers, reviewing old beliefs, and searching for meaning (Spiritual Dimension). They may also experience a powerful embodied reaction and an ontological awakening. By this stage, there will likely be an overlap of four dimensions.

The existential ideas of death anxiety, relatedness, time, space and meaninglessness/meaning and spirituality can be used by counsellors and therapists when working with bereaved clients to help them understand and cope with their grief and any ADCs they may experience because it works holistically with the client, who is always at the core of the treatment. If the

counsellor's preconceptions are put to one side, this therapy "Provides an opening to engage in a comprehensive review of the life and a general way of Being-in-the-world" (Barnett, 2009, p. 8). Holistically working with bereaved clients can help them understand various aspects of their lives, which can give them an understanding of what bereavement, loss and any ADCs mean for them (Barnett, 2009), assisting and empowering them to find meaning and autonomy in the time they have (Story, 2007).

2.14 Conclusion to Literature Review

A review of the literature indicates that coming to terms with the loss, grief, and ADCs is likely to take the grief-stricken bereaved participants on a journey not only of self-discovery but a search for answers beyond the living physical world to the spiritual world. While attitudes towards death have changed over history, religious and spiritual coping remains prevalent after bereavement in the twenty-first century, assisting some with their grief. As this study aims to find how medium reading/s (assisted ADCs) influence the grieving process of the participants, it was important to review existing models of grief; take a look at our bereavement counselling industry as well as explore the nature of mediumship. Many questions have been raised. The review indicates that traditional grief counselling approaches are not always considered effective when compared to, for example, medium readings or Botkin's induced ADCs. Whilst the experience of mediums was not under investigation in the current study, various aspects of mediumship, could affect a participant's grief experience post-bereavement. Yet there is very limited research on this in the UK. Global studies that do exist reveal that participants' grief can be impacted by ADCs. How can the grief outcomes for bereaved in the UK experiencing ADCs be improved? Given the tremendous impact that both bereavement and ADCs can have on one's existential being (including both Being-in-the-world and Being-with-death), it is important in this study to also consider if and how existential counselling utilising The Four Dimensions Existential Model (Binswanger 1962; van Deurzen 2010) can be effectively used with those experiencing assisted ADCs post bereavement.

Chapter Three: Methodology

Make the most of your regrets; never smother your sorrow but tend and cherish it till it comes to have a separate and integral interest. To regret deeply is to live afresh.

- Thoreau and Shepard (1961, p.10)

3.1 Introduction

This research aimed to better understand the lived experience of individuals that consulted a medium after bereavement, focusing particularly on if and how experiencing after-death communications (ADCs) through the medium influenced their grieving process. From an existential perspective, I was also interested in participants' experiences of their transition from a corporeal bond to a spiritual bond with their loved one. This chapter outlines the epistemology, ontology, and methodology of the interpretive phenomenological analysis (IPA) utilised and justified why this approach was selected over alternative methods.

3.2 Qualitative versus Quantitative Research

There are fundamental differences between these two methodologies relating to their ontology and epistemology. Ontology (from the Greek 'being' and 'logia', meaning the 'science, study, theory') is the study of reality or things that comprise reality. Epistemology (from the Greek 'episteme', meaning knowledge) is concerned with the nature of knowledge (Guba, 1987). The ontological stance of a quantitative paradigm maintains that objective reality exists independent of human perception (Sale et al., 2002). It also states that there is one ultimate truth. Therefore, quantitative epistemology asserts that the researcher and participant are two separate entities and do not influence each other (Denzin & Lincoln, 1994). To ensure validity, strategies are used to prevent biases and the findings are 'true' or 'valid'.

In contrast, in a qualitative paradigm, the ontological view asserts that reality depends on one's mental structure one's construction or interpretation (Smith, 1983). The

epistemological premise holds that there is no access to a reality independent of our minds (Sale et al., 2002). The researcher and participant are interdependent (Guba & Lincoln, 1994), and this means that findings are mutually created. In contrast to quantitative epistemology, things cannot be described as they really are but only as they are perceived or interpreted (Guba & Lincoln, 1994). Qualitative methodology lies in the epistemology that the researcher can only give an *interpretation* (based on values, interests and purpose).

As the meaning of human expression is based on context, there is no such thing as correct or objective interpretation (Smith & Heshusius, 1986). Therefore, qualitative investigations aim to obtain a better understanding of the phenomena from the participant's point of view (Bryman, 1988). Furthermore, qualitative research does not pursue objectivity or generalisability because these are viewed as unattainable from ontological and epistemological perspectives. However, qualitative methodology emphasises 'transferability', which is how readers can use or transfer the experiences of the phenomenon to their own settings based on the depth of the descriptions (Guba & Lincoln, 1994; Sale et al., 2002), usually obtained from a small participant base.

Choosing the appropriate methodology for doctoral research was difficult given that it was critical that the approach was suitable for addressing and answering the research question, resonated with existential phenomenology, and produced results that would contribute to knowledge (Smith et al., 2009). The quantitative and qualitative methodologies as discussed above, are developed from entirely different ontological and epistemological perspectives, representing two distinct paradigms (Silverman, 2004). This comparison made it clear that a qualitative methodology was required because the research focuses on the participants' lived experiences, which cannot neatly fit into numerical summaries, or necessarily pertain to pre-existing theories (e.g., deductive approaches).

3.2.1 Personal Ontology and Epistemology

Researchers adapt their research methodologies and analysis processes differently according to their ontological and epistemological perspectives (Bracken, 2010). An awareness of ontological structures can assist researchers in identifying the impact of historical, philosophical and cultural context to the knowledge claims (Bracken, 2010). It was crucial for me to explore my knowledge assumptions (conscious

and unconscious), as this affected my methodology and could impact the study in numerous ways. While a constructivist approach sees reality as socially constructed, a realist position sees the world as real and posits that we know what we know because of some inherent quality that things in the world have. By contrast, critical realism (CR), a philosophy that grew from a critique of positivism by Baskhar (1975), is primarily focused on understanding rather than just describing social reality (Vincent et al. 2013). CR is about differentiating the real world from the observable world. We can observe events, e.g. results in a scientific study, but have to look at the unobservable structures in society to understand them. So, things do exist outside of human thought/language, but as humans, we change/alter/are constantly in flux, and so therefore are the meanings we attach to things. So, whilst grief-induced behaviours are objectively real/observable, how we might individually experience and make sense of this grief might change or might alter as a society as time progresses or depending on context or culture. As there is an expectation in CR that there are deeper meanings to be discovered – which is what I was seeking, I identified as a critical realist. CR has a varied approach to data collection, with Sayer (2000 p.19) stating methodological choices ‘depend on the nature of the object of study and what one wants to learn about it’.

I was able to explore the possibility of adopting a CR approach and associated methodologies during reflexive opportunities offered by the University and speaking to peers (Lazard & McAvoy, 2020). My reflexive journey thus enabled me to explore and develop my ontological and epistemological beliefs, firstly in the personal relationship I had with the study (Berger, 2015), which emerged after the death of my brother when I was searching for answers about ADCs, and secondly with respect to my therapeutic work. As a practicing therapist, I was only too aware of the central role played by interpretation, transference, countertransference and intersubjectivity in my work with clients. It was important for me to utilise a methodology that embraced these. The bereaved can feel vulnerable, and those experiencing ADCs may feel alienated; I felt it was important to empower participants to voice, in their own words, what they were authentically experiencing before this was interpreted by me. IPA allowed me to do this because it is essentially a critical realist methodology. Thus, there was a match between my epistemology and the IPA methodology used which is discussed in more detail below.

As a qualitative methodology IPA explores how individuals make sense of particular experiences by investigating each participant in detail before looking at wider claims (Smith et al., 2009). ADCs, both spontaneous and assisted by a medium, are unique experiences that IPA can capture, which can then be socially and culturally contextualised to produce relevant

findings (Smith et al., 2009). IPA thus provides detailed examinations of personal lived experience. It is suited to topics that are "complex, ambiguous, and emotionally laden" (Smith et al., 2015, p.41). As such, it was a good candidate for use in this thesis.

There are three fundamental underpinnings to IPA: Phenomenology (understanding the essence of a phenomenon from the first-person point of view); Hermeneutics (interpretation) and Ideography (understanding individuals' retrospective accounts on their own terms in their own words (Nizza et al., 2021) which are explored in more detail below.

3.2.3 Phenomenology

Phenomenology takes a philosophical stance on understanding experience. Rather than looking at pre-existing theoretical perceptions, in IPA, the experience should be examined in the way it occurs and, in its terms, (Smith et al., 2015, p.12). Thus, phenomenology has two approaches: descriptive and interpretative, and IPA has its foundations in both. Descriptive phenomenology aims to describe a lived experience without attempting to give meaning to it (Smith et al., 2009). First discussed by Edmund Husserl (1927), the aim of descriptive phenomenology is to see things as they actually appear to us and in doing so, set aside or 'bracket' what we already know (or think we know) about a phenomenon. Interpretative phenomenology, on the other hand, aims to interpret the embedded meaning in a lived experience (Smith et al., 2009). Three prominent interpretative phenomenological philosophers, Heidegger (1962), Merleau-Ponty (1962) and Sartre (1956), agree that there is no knowledge outside of what is interpreted, yet these philosophers possess different focuses.

Heidegger (1962) stated that as we cannot step outside of the world, in IPA, interpreting the participant's meaning-making depends on the researcher's perspective at any given time (Smith et al., 2009). Conversely, Merleau-Ponty (1962) suggested a meeting point between the self and the world in that we look at the 'other' from our embodied perspective. Thus, in IPA, the researcher can only interpret from their viewpoint and cannot wholly share a participant's experience. For Sartre (1956), our engagement with the world is constantly developing or unfolding. Therefore, the experience being interpreted is evolving for both the researcher and the participant; the participants in the study share their unfolding experiences of ADCs whilst I attempt to interpret their experiences for readers.

3.2.4 Hermeneutic Focus of IPA

The second major underpinning of IPA is hermeneutics, the theory of interpretation (Finlay, 2011). There are three important hermeneutic theorists: Schleiermacher, Heidegger and Gadamer. For Schleiermacher (1998), interpretation included grammatical and psychological interpretation and a detailed, comprehensive and holistic analysis. Heidegger (1962) posited the idea of 'appearing' where there is a phenomenon ready to "shine forth, but the researcher requires detective work to facilitate the coming forth and then to make sense of it once it has happened" (Smith et al., 2009, p. 35). Heidegger (1962) stressed that we (researcher, participant and reader) all bring our preconceptions to the experience, and, therefore, must be reflective and attempt to bracket our preconceptions.

Recognising the complex relationship between the researcher and participant, Gadamer (1990, p.1) also suggested that one cannot separate the researcher from the participant as there is a "fusion of horizons"; that is, we all engage in a world that changes us as we try to make sense of things. The researcher must be aware of their biases during analysis so that participant data, such as interviews, can be represented with their own truth rather than be contaminated by the researcher's bias (Smith et al., 2009). IPA incorporates these hermeneutic concerns by not attempting to find the truth or look for facts; instead, it seeks to understand a person's subjective experience, which is partially made up of the researcher's interpretations. Notably, IPA is not a methodological approach at the positivist end of the ontological continuum and therefore does not view reality objectively (Smith et al., 2009).

Instead, IPA's epistemological stance rests on the person's subjective account of their experience, with the researcher engaging in a double hermeneutic to make meaning of their experience (Smith & Osborn, 2003). Knowledge is garnered through understanding, questioning, and empathy. Thus, the primary concern of IPA is the participant's lived experience and the meaning they derive from it. However, the final result accounts for how the researcher thinks the participant is thinking (Smith et al., 2009). The ontology and epistemology of qualitative research

using IPA and a double hermeneutic is ideal for this study because the idea is not to theorise (or to impose external frameworks of interpretation) but rather to give voice to the lived experience of those who experience medium-assisted ADCs after bereavement.

3.2.5 Idiographic Focus of IPA

IPA is also influenced by an idiographic concern of focusing on the 'particular'. This operates at two levels: firstly, there must be a sense of detail and depth of analysis; secondly, a commitment to understanding how a particular person has understood a particular experiential phenomenon in a specific context is required (Smith, Flowers & Larkin, 2009). To obtain rich, insightful data, IPA studies are small and homogenous. Thus, it is not possible to consider 'generalisability', although there may be transferability where some universal themes arise, which others may experience. In this study, the participants' experience of consulting a medium after bereavement and how this influenced their grief will enhance and contribute to our understanding of grief and ADCs.

3.2.6 Application Using IPA

Currently, there is no single prescribed method for working with IPA data. Instead, the focus is on the participant's viewpoint and meaning-making (Reid, Flowers & Larkin 2005). There are, however, various potential methods for implementing IPA to analyse data. Charlick et al. (2015) for example, suggested seven steps for IPA analysis (See Figure 3.1)

Yet Smith, Flowers and Larkin (2009, p. 80) point out considerable room for manoeuvre in applying the above strategies, stating that the "route through them will not be a linear one and the experience will be challenging". They also warn that there is no "clear right or wrong way of conducting this sort of analysis" (Smith, Flowers & Larkin, 2009). I was mindful that IPA had been criticised by Giorgi (2010, pp. 3-22) for giving researchers too much freedom to deviate from a clear strategy, thus confusing scientific rigour with the freedom of a researcher to choose her own strategy.

However, Smith (2010, pp. 186-191) responded that Giorgi's understanding of IPA is limited and incomplete. Being new to IPA, I erred on the side of a structured approach to IPA,

The Seven Steps of IPA Data Analysis

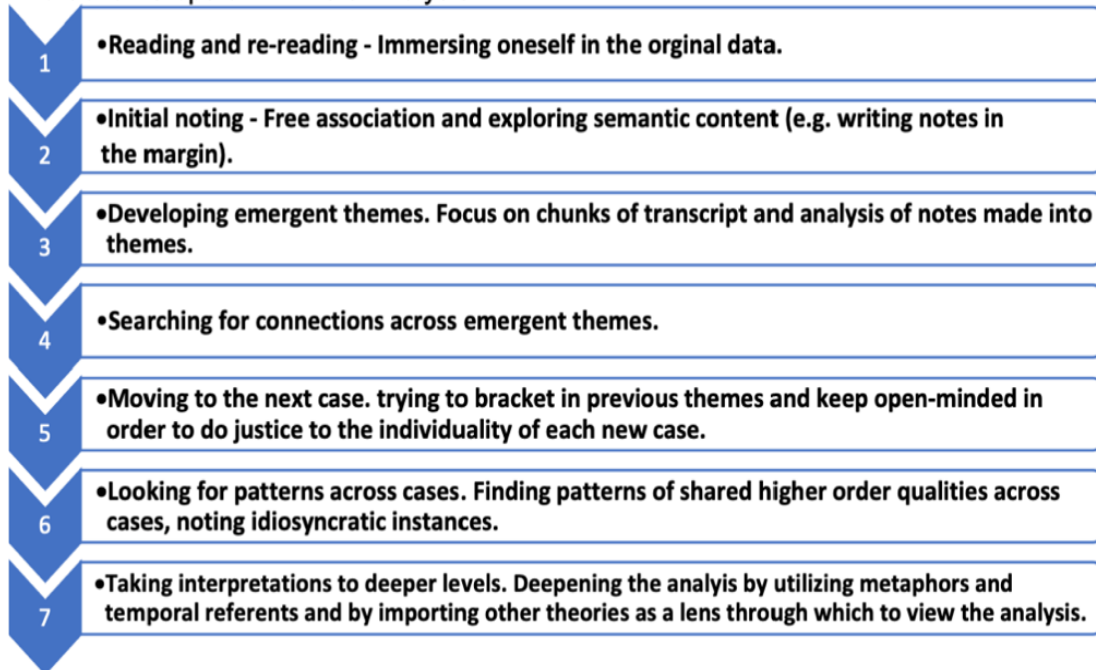


Figure 3. 1 Charlick's Seven Steps of Data Analysis

Note. Charlick et al.(2015), adapted from Smith et al. (2009)

In addition to the steps above, Smith (2007) also suggested:

- Use of supervision, collaboration and audit to test the interpretation;
- Development of a full narrative, commentary and interpretation of each of the themes supported by a diagram or table;
- Reflection of the process

placing importance not only on describing the participants' experiences but attempting to find "deeper meaning" while not straying from the meaning in the original interview. Furthermore, apart from IPA, it is crucial to understand that other theoretical influences exist, and this understanding is vital in implementing the methodology and defending its use in the study.

As the researcher in this study, I adopted an approach of empathy and questioning as suggested by Smith et al. (2009 old edition. New edition has been released recently). I took on the role of an 'insider perspective' (Conrad, 1987) by stepping into the participants' shoes to see things from their viewpoint. I also had to stand alongside the participant (as an outsider), observing from a different meta-position,

questioning things and trying to make sense of their experience. This 360-degree review of the experience is the hermeneutic circle (Smith et al., 2009), a dynamic review between the parts and the whole of the experience. It must be noted that IPA aims to anchor the themes in direct quotes from the participants (Pringle et al., 2011). However, researchers are open to biases, so it is crucial to be aware of these and follow a robust and transparent analysis (Kingdom, 2005; Roberts, 2009; Steen & Roberts, 2011).

3.3 Alternative Approaches

3.3.1 Grounded Theory

Grounded Theory was considered a potential methodology for this study. Many IPA supporters consider this methodology to be the main alternative to IPA (Smith et al., 2009, p.201). It soon became clear that the question I needed to ask was, *what* types of grounded theory were there and which, if any, would suit this study. The founders of grounded theory, Glaser and Strauss (1967 p.1), focussed on “the discovery of theory from data [that is] systematically obtained and analysed in social research”. Over time there were assumptions on how grounded theory could be improved and evolve, but complexities arose (Kaila, 2019). Still, contemporary grounded theory contains three different perspectives: Classical Grounded theory (GT), Interpretive Grounded theory (IGT) and Constructivist Grounded Theory (CGT). Professional differences between Glaser and Strauss led Glaser to continue work on the GT, while Strauss worked with Corbin to apply an interpretivist approach, which became known as IGT.

Charmaz, a student of Glaser and Strauss, started applying a more constructivist approach to GT, which included acknowledging the “interaction between the viewer (researcher) and the viewed (subject of the research)” (cited in Farragher & Coogan, 2018, p.5). The researcher constructs rather than discovers, and it is understood that one cannot escape prior knowledge, and it is essential to understand how it influences the researcher and the research (Charmaz, 2014; Charmaz, 2017a; 2017b).

While Glaser emphasised that GT would be “free from ties to any theory of science

and [tried to avoid] philosophical conceptions of what is truth" (Glaser, 2013, p. 414), Strauss and Corbin emphasised individual perspectives (Strauss & Corbin, 1994) and that IGT researchers can acknowledge theories can be subject to various interpretations (Strauss & Corbin, 1994). Due to the confusing nature of the blanket title of GT, researchers do not always choose the correct one for their research or co-apply two or more types (Endle, 2017; Norton et al., 2013), leading to considerable flaws within the research analysis.

In particular, I looked at Charmaz's constructivist GT (Charmaz, 2006), which guides in making meaning from the data and rendering participants' experiences into readable theoretical interpretations. For example, similarly to IPA, GT focuses on the individual. Yet, the focus is on how the individual constructs and makes sense of the world or their reality, which is ultimately constructed into a theory by the researcher. It aims to explain social processes (Willig, 2001) and explore how social structures influence how things are accomplished via a given set of social interactions (Starks & Trinidad, 2007, p. 1374). The present research does not view all the participants in the same way. Instead, participants are seen as individuals making sense of their experience, which, in turn, is interpreted by the researcher. This research's focus is to explore particular personal experiences, therefore, which may be vastly different; it does not aim to generate theories based on these subjective experiences, which often form the focus of GT, rendering it an unsuitable method for this research study (Smith et al. 2009). In addition, as the main aim of GT is to discover a theory rooted in the data, it was rejected as this was not the intention of this study.

Furthermore, there are practical considerations for not using GT. While both IPA and GT use purposive sampling to recruit participants, GT also uses theoretical sampling (Smith et al. 2009). Herein, the researcher adds more individuals to the sample to explore the found theory until theoretical saturation is reached. Therefore, sample sizes tend to be large. Moreover, in GT, the data collection and analysis of the data by the researcher take place concurrently (Glaser, 1992; Glaser & Strauss, 1967, cited in Charmaz, 2008). The process

moves through induction to deduction, and the emerging analysis shapes data collection decisions (Charmaz, 2008, p.85). The researchers generate a theory or theories from the data that are constantly compared with further data and are open to generalisation and refutability.

In this study, engaging in a large data collection process and analysis was not deemed practical as I work full-time and participants also had busy lives. Research indicates that participants can drop out of second interviews (Hoerger, 2010), so the decision was taken to have one interview. Given that IPA focuses on individuals with a specific experience, the sample size can remain small whilst providing a significant wealth of data. A small sample is instrumental if the required sample must have undergone a specific, niche experience, such as ADCs. In this study, for instance, the experience of six participants was explored, allowing sufficient in-depth analysis whilst remaining manageable for both researcher and participants.

Finally, while both IPA and GT explore how participants interpret reality and construct meaning from their experience, GT emphasises action and process at the cost of slight changes in meaning, which could be at the heart of a medium reading influencing grief.

IPA's phenomenological and hermeneutic focus is thus considered more appropriate for this research. IPA's idiographic focus allows greater choice in preserving differences between participants' experiences of consulting a medium and how this influenced their grief after bereavement.

3.3.2 Discourse Analysis

Potter and Wetherall introduced discursive psychology into British social psychology in 1987, yet the term 'discursive psychology' was not coined until 1992 by Edwards and Potter. This latterly took the form of discourse analysis (DA) in research, which focuses on the role of language (written or spoken) in the construction of social reality (Willig, 2001). DA can involve analysing a plethora of writing, including transcribed interviews, formal and informal documents, and newspaper reviews, looking at how language is used. Burr (1995, p. 47) stated that DA concerns "what people are doing with their talk or writing and what they are trying to achieve." Thus, the focus is on how the accounts are constructed and create an effect (Potter & Reicher, 1987), including any rhetorical language (Billig, 1991).

There are instances where researchers have been unable to obtain naturally occurring discourse and therefore have used semi-structured interviews to obtain data (Hepburn & Potter, 2003). In such cases, there must be an analysis of both the interviewer's and interviewee's comments. The disadvantage of using this strategy is that the interviewee's words are uttered and should be analysed through the context of their role as interviewees rather than naturally occurring discourse between individuals (Willig, 2013). Yet issues such as power and subjectivity are not usually a concern in this method of analysis. Moreover, as both large and small amount of data can be analysed, there was a possibility of using it in this research.

Foucauldian discourse analysis (FDA) is a form of DA that was introduced into Anglo-American psychology in the late 1970s by Michel Foucault (Willig, 2008). The researcher tries to understand how our society is shaped (or constructed) by language, reflecting existing power relationships (Given, 2008). Willig (2008, p. 113) stated:

It goes beyond the immediate context of language as it's spoken and asks questions about the relationship between discourse as well as how people think and feel (subjectively), what they do (practices) and the material conditions within which such experiences may take place.

FDA can thus be applied "wherever there is meaning" (Parker & the Bolton Discourse Network, 1999 p.1), so it can be carried out on any symbolic system (Willig, 2008). Parker (1992, p.7) recommends we consider "all tissues of meaning as texts. This means [that] speech writing, non-verbal behaviour, Braille, Morse code, semaphore, runes, advertisements, fashion systems, stained glass, architecture, tarot cards and bus tickets" are suitable for FDA.

Both types of DA discussed above focus on language in the construction of social reality. It was not considered that DA or FDA could fully answer this study's research question, given that using this methodology would have placed too much focus on language, looking at (for example) how the participants expressed their experiences to others. Thus, given that the present study focuses on the participants' subjective experiences, DA was not deemed appropriate or as useful as IPA.

3.3.3 Narrative Analysis

Narrative analysis (NA) examines how humans make sense of things in an ever-changing world (Murray, 1999). The primary function of narrative is to bring order to disorder through storytelling and, as such, to create a narrative identity (Murray, 2003). This is particularly useful for connecting the past, present and future over a period of time. Researching narratives, therefore, informs us about how people construct meaning in their life. The focus is on the stories' importance, structure, and grammar.

This is sometimes called “story grammar” (Langridge, 2007). Researchers, who may be interested in other parts of the narrative, can approach the story grammar differently. Yet if the analysis provides insight into the narrative structure and is clear and systemic, it does not matter which approach is used (Willig, 2008). Polkinghorne (1995) reiterates that there is no definitive approach to NA.

People's stories can give insights into unspoken rules for interacting with the world because they are part of broader narratives of social life we have absorbed (Crossly, 2008). Murray (2003, p. 98) stated, “we swim in a sea of stories that seep into our consciousness and our very identity”. Thus, while people tell personal stories, the narrative *structure* is what shapes them (Reissman, 2008). The analysis of stories often begins with looking at the various plots and forms. Most stories, for instance, have a beginning, middle and end. They can also be categorised into different genres, for example, comedy or tragedy (Hiles & Cermak, 2008). The type of story identified in research can be different or similar to existing stories.

Interestingly, whilst narratives have a finished structure, depending on the context, some endings may be left unfinished so the reader can complete the narrative. We all encounter problems or disruptions in everyday life, and narratives help restore a sense of order and meaning, creating a narrative identity wherein “subjects recognise themselves in the stories they tell about themselves” (Ricoeur, 1988, p. 247). We can have more than one narrative identity, each connecting us to different social relationships, and the narrative told may differ for different audiences.

The primary data source for NA is usually a narrative interview, which allows participants to provide a detailed narrative account. A 'life-story' interview is an extended version of an interview to encourage participants to talk about their lives (Birren et al., 1996), often on more than one occasion, and participants can keep a personal journal, collect photos or keep a video diary. Narratives are then divided into descriptive and interpretative phases, using literature to interpret and analyse the stories for predominant themes, imagery, metaphors, values and beliefs.

One of the weaknesses of studying narratives is that the focus is on language, looking at how participants construct and talk about their experiences. In this study, however, the focus was on the participants' subjective lived experience; similarly, to DA, undue emphasis on the linguistic elements of an interview was felt to be misplaced in answering the research question. Hence, IPA was considered to be the most appropriate approach.

3.4 Recruitment of Participants

3.4.1 Ethical Considerations

The study adhered to the BACP (British Association for Counselling & Psychotherapy) guidelines for conducting research (Bond, 2004) to recruit participants and the BPS (British Psychological Society) Code of Human Research Ethics (BPS, 2014) in combination with the BPS Code of Ethics and Conduct (BPS, 2009) and Ethics guidelines for internet-mediated research (BPS, 2021), to maintain ethical standards throughout. Confidentiality procedures, time commitment expected, method of data collection, and the right for the participants to withdraw from the study or refuse information were reviewed. A risk assessment was submitted to the Ethics Board online, with the BACP requirement that the researcher should seek independent consultation sufficiently competent to identify potential risks to participants, taking into account the research design (Bond, 2004). Correspondingly, the primary concern (by BPS guidelines) was to protect participants from harm and preserve their autonomy and dignity. As such, the Research Part One module (a pilot study) allowed me to discuss my research with my peers, tutors, and research supervisor and implement recommendations from the Ethics Board concerning the ethical recruitment of study participants. As we were amid the Covid pandemic, it was recommended that interviewing via the Internet (Zoom, Skype or other) and telephone was stipulated in the risk assessment. Thus, it was included, and all the interviews took place via zoom due to the lockdown.

3.4.2 Advertising

Due to the Coronavirus pandemic, this research was advertised on social media platforms, including Facebook, websites for the spiritual, afterlife, and ADC subjects, as well as bereavement websites (see Appendix D: online recruitment poster). In most cases, it was essential first to request to become a group member before I could upload the poster. In addition, I also depended on spreading the information through word of mouth amongst peers and tutors.

The research criteria specified that the participant must have had a bereavement (at least a year ago or longer), after which s/he consulted a medium in the UK (through any means, such as private reading, group reading, spiritual church, etc.) and s/he was between the ages of 20 and 80.

3.4.3 Initial Screening

The research poster attracted interest over several weeks, both online and through word of mouth, with several potential participants emailing me. The initial screening was conducted over the phone, followed by the completion of consent (see below) and an online review of the risk assessment.

3.5 Data Collection

3.5.1 Interview Schedule

The process of reflexivity (see sections 3.7; 3.7.1; 3.7.2 and 3.7.3) assisted me in using my personal experience of bereavement, ADCs and consulting a medium to develop the interview questions. After further discussion with my supervisors, the questions were optimised to ten. Moreover, before the interviews, it was explained to the participants by phone that the questions were only to be used as a guideline. The aim was for the participants to describe their personal embodied experience, details of the events, and the people involved after the bereavement, with particular attention to their grieving process before and after the ADCs and the medium consultation. I explained that the research was qualitative and was keen to understand if there was any effect on their grieving process after the medium consultation. The participants were sent the interview questions before the interview so they could review them. It was made clear that they did

not need to respond to anything that made them uncomfortable, and they could add any further comments. The ten questions (see Appendix E), therefore, acted as prompts during the interview and were, in some cases, adapted to follow anything unexpected raised by the participants. It was important that the interviews were semi-structured and within a flexible framework so that all participants were asked the same questions, but they could respond in any order and add additional comments. The open questions encouraged the participants to talk about their unique experiences and allow new concepts to emerge whilst remaining flexible to allow pertinent follow-up questions to be asked (Willig 2008).

3.5.2 Procedure

Due to the Coronavirus lockdown, all the interviews took place online via the Zoom platform for approximately an hour. The participants were pre-informed to make sure there would be no background noises and that the interview would continue by telephone if there were a problem with the Internet. All interviews were conducted in a well-prepared room with no background noises or disturbance, and each interview was recorded on a Dictaphone and mobile phone for safety. All participants signed a consent form and risk assessment before their interview (see Appendices A to E for ethical approval and consent/risk assessment forms).

3.5.3 Informed Consent and Right to Withdraw

An information sheet entitled 'Participant Information' (see Appendix A) was sent to all the participants by email before the interview. They were able to ask questions during the initial phone screening about any aspect of the research. The Participant Information was reviewed to ensure they understood the details of the research. If they still wanted to participate, they were sent a consent form (which also detailed their right to withdraw from the study) to sign.

3.5.4 Confidentiality

All participants were guaranteed confidentiality by using pseudonyms, and demographic details were not stated in the study. Signed consent forms (E.g., Appendix B) were stored separately from the collected data, which was kept on a private password-protected computer which the researcher only used. Information has not been shared apart from with supervisors.

All interviews on Zoom were conducted from the researcher's home and the participants' homes due to the lockdown.

3.5.5 The Interviews

The interviews began by asking an open question about their bereavement. Apart from checking my understanding or asking for more information, I kept interruptions to a minimum. The participants provided intensely emotive accounts and gave me a strong sense of their painful experiences, the intensity of their grief, and how they ultimately found hope. I was also prepared to stop an interview if any participant became emotionally distressed by giving them the option to stop, take a break, or continue. However, during actual interviews, breaks were not required by any participant. Only one interview per day was scheduled to ensure I had time to process the emotive experiences the participants shared with me. No monetary offer was made to participants for participating in the research. At the end of the interviews, the participants were informed that they would receive a debrief by email (Appendix E for Questions).

3.5.6. Debriefing Participants

Immediately after each interview, the participants were sent a “thank you” email and “Debriefing Information.” The email included contact details of helplines in case they became distressed (see Appendix C). After the interview, all participants were made aware that they could contact me at any time to discuss any aspect of the interview.

3.5.7 Transcription

The interview recordings were transcribed using the Dictaphone recording, and all names were anonymised. The transcripts were saved on a password-protected computer to ensure complete security and controlled access. Once the dissertation is completed, the recordings will be deleted, but transcripts will be kept for ten years by Middlesex University retention rules.

3.6 Coding, Analysis and Interpretation

As I was new to IPA, it was important for me to read how different authors suggested an IPA analysis should be carried out. Three methods of approaching the data to isolate themes are suggested by Smith et al., (2009): i.e. holistic approach, selective approach, and line-by-line

approach. Langdridge (2007, p.123-4) suggests combining the holistic approach with either of the other two. I particularly found Charlick's 'seven steps' (2015) very helpful.

3.6.1 Identifying Emergent Themes

Initially, I applied the holistic approach with a detailed line-by-line analysis using NVivo 20 to code the transcripts. This process of analysis and interpretation is outlined in Smith, Flowers and Larkin (2009) and Smith (2009). Having read the transcripts several times, I tried to analyse the text line-by-line, highlighting words or phrases that were deemed interesting or significant. However, I discovered that it was not always possible to code each line because not all the lines could be categorised with meaning. I found the Charlick et al. (2015) 'seven steps' (reviewed earlier) more intuitive and continued with this, identifying 'meaning units' (quotes) from the transcripts. After reading and re-reading the transcripts three times, I made initial notes on the right-hand side that included main ideas, recurring words or messages and semantic comments. To identify the emergent themes in the interviews, I focussed on chunks of the transcript (quotes from the transcripts), which I then assigned with a potential or emerging theme name. This was carried out for each transcript individually and I was careful to bracket my thoughts when moving to the next transcript. At the end of this process, I annotated, summarised, and paraphrased the transcripts with the emerging theme names. This was my preliminary coding.

The emerging themes from each transcript were then cross-checked with each other creating a new listing of potential themes. Once I had coded all the transcripts and themes, I was able to look at the recurrence across the transcripts. There is no rule about what counts as a recurrence (Smith, Flowers & Larkin, 2009). After a discussion with my supervisor to identify criteria for recurrent themes, it was decided that where an occurrence takes place in all or nearly all cases, this would be classified as a 'superordinate theme'. In recurrences taking place in at least one-third of the cases, the classification would be as a subordinate theme. Anything only experienced by one participant was put to the side and was not part of the IPA analysis. Anything before bereavement, such as anticipatory grief, was excluded from the IPA analysis.

The words or phrases selected were verbatims (quotes/meaning units) which were then analysed by description (meaning), linguistic (imagery, way said, repetition) and conceptual ideas (deeper and hidden meanings, theories). See the example extract in Table 3.1. The full table is in Appendix K. I was able to look at this process holistically to see if certain themes had an overarching theme and needed to be renamed. In this way, I was able to remain close to the transcripts and make sense of the themes that emerged. At this stage, some of the emerging themes were subsumed or deleted. I also had to rename some of the superordinate themes to ensure they described the subordinate themes they represented.

All the transcripts were time-coded and given line numbers to easily enable the collation of quotes for the emergent themes and if necessary, go back to the original transcript to check anything (see Appendix I). I was able to discuss my initial and emergent themes, as well as my thoughts on which themes should be clustered together, with my supervisors. This was helpful because I was mindful that the process depended on my interpretation, and while I did not want to stray from the guidelines, I was aware that someone else may interpret things differently. As I immersed myself in one transcript at a time, I gained a sense of emerging similarities and differences, but I did not focus on this until I had coded all the transcripts because I wanted to give each interview transcript my undivided attention while I made sense of what each participant had experienced. While bracketing ideas from previous transcripts is in keeping with IPA's idiographic requirement, one is inevitably influenced somewhat by what has already been found. Thus, it is important in IPA to allow new themes to emerge in each new case.

The research question was to see how medium-assisted ADCs influenced the grieving process of the bereaved. While all the participants experienced this, it became clear that half of the participants had started grieving before bereavement due to the specific circumstances of their experience, whereby their loved one had a terminal illness or was addicted to drugs. In this period of 'anticipatory grief,' the

Table 3. 1 Extract: Analysis of Verbatim Transcripts

IPA ANALYSIS OF THEMES

This table has been created from the transcripts. It contains extracts that provide evidence for the main and subthemes. The verbatim is from the transcript. The 'description' summarises the meaning of the extract. Under Linguistic particular words or imagery are highlighted as they give an additional insight into the bereaved's emotions and experience. Under 'conceptual' I have noted initial thoughts about what is being experienced, theories and ideas etc that may be useful or need further consideration when the quotes are analysed in the findings

EMERGENT THEMES	VERBATIM	DESCRIPTION	LINGUISTIC – imagery e.g., similes, metaphors, Repetitions, Tone of voice	CONCEPTUAL Link to theories, concepts, existential dimensions Questions
SUPERORDINATE THEME 1 PAIN & LOSS AFTER BEREAVEMENT				
SUBORDINATE THEME TRAUMA & SHOCK				
GABBY (End of the world)	confronted with the unexpected death of someone that I loved dearly — I lost my 17-year-old son; he was killed crossing a busy road — <u>it felt like the end of the world had come</u> with it. I had these intense feelings of grief and shock, which were impossible to shake off. (L21-24)	The grief and shock of the sudden death of her 17-year-old son while crossing a road is intense and Gabby finds it impossible to shake off her despair. It felt like the end of her world	Simile- <u>it felt like the end of the world had come</u> (L23) Apocalyptic	Existential – personal, Social Physical Grief theory- trauma and shock
(Grief and shock)	“... these intense feelings of grief and shock, which were impossible to shake off “(L24).	Gabby could not shake off the overwhelming feelings of grief and shock	grief and shock, impossible to shake off “(L24	Initial shock/trauma a How can you take in what has happened ?
(Ultimate nightmare)	“To lose a child who you had so many plans and hopes for is the ultimate nightmare. I just couldn't accept that” (L26).	Intense pain as she thinks of the plans and hopes her son and she had for his future. She expresses the depth of her despair as the <u>ultimate nightmare</u> . Cannot accept the loss	<u>ultimate nightmare</u> . Cannot accept the loss	Denial
(Immense emptiness)	“immense emptiness” (L30) she “turned away from everyone, everything, and [she]switched into a deep depression” (L31). She describes herself as “struggling like a robot” (L330).	Filled with “immense emptiness” Gabby turns away from everyone and everything and becomes deeply depressed. She loses interest in living She realises she cannot cope but “struggles on like a robot”.	Immense emptiness Turned away from everything	Depression Grief models Deep despair Isolation
(depression)			Deep depression Simile: Struggling like a robot	Mechanical Robotic Cannot function
(struggling)				

Note. This is an extract of the analysis completed with each transcript. Verbatims representing 'meaning units' were analysed. The final superordinate and subordinate themes are shown. On the right-hand side, the existential dimensions are noted and conceptual notes. On the left-hand side are the initial themes that have been subsumed or deleted. See Appendix K for the full table.

participants knew that their loved ones could die at any time. Initially, I considered if this could be part of the IPA analysis with my supervisor, but it became clear that the research question and IPA focus was 'after' bereavement while anticipatory grief is 'before' bereavement. Therefore, it is not part of the IPA analysis for completion.

After I had whittled down the initial emergent themes, I had seven superordinate themes with 18 subordinate themes, but it was evident that there was overlap between some of the themes. These were reviewed again, and some themes were deleted or subsumed to finally arrive at five superordinate themes with a total of 13 subordinate supporting themes (see Chapter Four).

3.6.2 Levels of Interpretations

The final step of the analytical process involved reviewing the quotes (meaning units in the transcripts) that had been highlighted from the transcripts for each theme for each participant (see Appendix K). This was a crucial step in supporting my findings and providing transparency for the reader. Interpreting the experiences was challenging because I was mindful that it was my interpretation (under a double hermeneutic) and the participant may have meant something different. It was important that the participants find my interpretations acceptable and respectful. Working through each theme and the quotes methodically, referring closely to the original transcripts and discussing with my supervisor assisted me in ensuring that the participants were always foremost in my mind.

Smith, Flowers and Larkin (2009, p. 103) pointed out that "novice researchers tend to be too cautious, producing analyses that are too descriptive". To avoid this, I tried to carry out at least three levels of interpretation (where possible) as they suggested for IPA. Firstly, at a descriptive level, secondly, nuances of language and imagery (like metaphors or similes) and thirdly, a detailed micro-analysis of extracts, looking at, for example, identity or temporal issues. Smith et al. (2009) also suggested a fourth possibility as marking the boundary of IPA, which involves making more formal connections with theory. Within these, I endeavoured to adopt the middle ground to navigate the hermeneutics of empathy and a hermeneutics of suspicion (Smith et al., 2009) by starting with the hermeneutics of empathy but, where necessary, continuing the process

of interpretation by becoming more questioning. It was Ricoer (1970) who put forward these terms, where the hermeneutics of empathy or meaning recollection is about grasping the understanding of a participant (Langdrige, 2007). On the other hand, the hermeneutics of suspicion, “seeks to understand by peeling back the layers of meaning, digging beneath the surface for what is hidden, which may lead to suspicion over the initial empathetic account (Langdrige, 2007, p. 44).

3.6.3 Further Analysis and Transcribing Findings

Participants presented the material mostly chronologically, and therefore it was easier to process. The emerging themes made sense as they reflected the participants' embodied experiences. The findings presented are an interactive process of writing up the participants' experiences while referring to the transcript and the themes identified in NVivo. No changes were made to the transcript quotes to ensure it was true to what the participant wanted to convey. Regular phone and online meetings with my supervisors were useful for keeping me on track and functioning as an ongoing log.

3.7 Reflexivity in IPA

Reflexivity in research – especially IPA research – is critical because it encourages qualitative researchers to reflect on how they are implicated in the research and its findings (Willig, 2013). Willig (2008) introduced two types of reflexivity: personal and epistemological. Personal reflexivity influences the research through our values, beliefs, experiences, and social identities, whereas epistemological reflexivity is where the researcher reflects on various theoretical assumptions and perspectives (Willig, 2008, p.25).

Langdrige (2007) presents Wilkinson's three areas of reflexivity: Personal (relating to the participant), functional (the researcher's influence), and disciplinary (involving mind and theory). The first two (personal and functional) are closely similar to Willig's (2008) personal reflexivity. The disciplinary reflexivity needs to be considered with an epistemological outlook that provides an objective view of the research and the researcher. Thus, both personal and epistemological reflexivity are considered here, both within the data collection and analysis processes.

3.7.1. Personal Reflexivity

Considering my personal reflexivity, I am aware that my age, gender, culture, and ethnicity, as well as bereavement experience and theistic upbringing, could impose a limited understanding of the experiences of others. While I acknowledge that this is the case, Willig (2013, p.52) noted:

It is important to remember that from a qualitative perspective, the researcher's motivations and investments are not biases which need to be removed from the research; rather, they are conditions which frame and, indeed, make possible the research and which will inevitably shape the research and its findings.

This inference of Willig is extremely pertinent to my case, as I would not be conducting this research if I had not experienced bereavement followed by experiencing ADCs. However, I am also aware that my experiences may be very different (or similar) to those reported by the participants. Thus, I needed to maintain a critical distance and stay open-minded regarding the data collection and analysis procedures.

The process of personal reflexivity assisted me in using my personal experience of bereavement, ADCs and consulting a medium to develop the interview questions and conduct the research mindfully. For instance, I did not want to influence the participants with my own experiences of bereavement and ADCs (assisted and spontaneous); this information was not shared. My brother died in 2018, so by the time I was interviewing in 2020, I had time to work through my grief, yet I then received an unexpected breast cancer diagnosis in January 2020. With my mortality in question and the trauma of chemotherapy, surgery and radiotherapy, for the first time in my life, I understood the fragility and vulnerability of human existence and, in particular my existence. Not only did time become very precious, but I became even more motivated to continue the research and discover what others had experienced after bereavement. As this study involved grief, bereavement and communication with the deceased, it connected me to this research and the participants in a way I never anticipated when I started this study in 2019. Yet while my personal experiences have given me an insight into and motivation for this study, I was aware throughout that it may be difficult for me to remain unbiased.

Having experienced ADCs myself and worked with clients following bereavement, I was also aware that my assumptions and views should not be communicated to participants or colour the interpretation of the interviews. Moreover, as a practising therapist, it was essential that the interview format – given its flexible, semi-structured nature – did not veer into me ‘therapising’ my participants via my utterances, body language and input. I did this by ensuring I said little as possible and allowing the participants time and space to share what was important to them.

3.7.2. Epistemological Reflexivity

Epistemological reflexivity involves questioning how the research design and method influenced the data and findings, the limits imposed by the research question, and understanding that a different methodological approach (and researcher) could alter the findings. Bearing this in mind, I explored whether semi-structured interviews were the best way forward and, after discussion with my supervisors, modified the questions to make them more ‘open’ so that participants did not feel verbally ‘restricted’, instead ensuring that they had optimal space to verbalise their experiences and emotions authentically. One of the ways deemed beneficial in minimising bias is through a reflexive journal.

3.7.3. Reflexive Journal

To be fully aware of and transparent about my thoughts and processes, I started a reflexive journal. I referred to Langdridge’s three areas as discussed above, as well as his list of questions (2007, p. 59), to assist me in reflecting on my part in the research. Langdridge argued that the researcher should ask these questions at least four times, that is, before starting the study, during the study; once the study has been completed, and before writing up the research. Reflexivity is significant in IPA, as interpretation plays a central role (Smith et al., 2009). Using reflexivity during analysis assisted me in navigating through the accounts and ensured robust responses, thus contributing to the development of sturdy research.

Before interviewing the first participant (Gabby), a peer interviewed me using my interview schedule. This strategy for encouraging reflexivity was put forward by Bolam, Gleeson and Murphy (2003), which was helpful in sensitising me to my preconceptions and assumptions.

Langdrige warns that “bracketing” is not enough. To take reflexivity seriously, we need to involve the reader and make them aware of our position before presenting the findings so that the reader is aware of how we could have influenced the research findings. The key to reflexivity, therefore, is “to make the relationship between the influence of the researcher and the participants explicit” (Hesse-Bibe, 2007, p.17). I have been cognizant of this phenomenon in writing up my findings.

The research process is a journey of discovery, and as such, I am only too aware of how the research process has shaped the findings and how the research shapes me. Total detachment is unrealistic (van der Riet, 2012), and reflexive research recognises that any findings are the product of the researcher’s interpretation (Jotun et al., 2009).

Correspondingly, my reflexive journal has played an important role in ensuring that I am aware of my preconceptions, views, attitudes and experiences and can share them with the reader. For example, when conducting the interviews, I was struck by how the participants’ narratives resonated with my own experience. It was a healing experience for me to realise how ‘normal’ this strange phenomenon was, rendering the interviews and everything the participants shared precious.

The participants mostly needed to tell their uninterrupted stories. I took extra precautions not to interrupt their flow and noticed that participants were covering the questions I had formulated anyway, although not always in the same order. I clarified some of their experiences, but most of the interpretation took place during the transcribing and analysis stage. Keeping a reflexive journal (example Appendix G) was very useful during the analysis. I could add to it with every reading of the transcript as new interpretations arose and share them with my supervisor to ensure I maintained transparency regarding my interpretations. Aware of the power of interpretation, I was keen to represent findings that respected and communicated each participant’s voice while adding another layer of meaning to their experience, which I felt honoured to share. Each participant’s story is summarised in Appendix F to give a holistic overview of their bereavement.

The process of reflexivity was and continues to be ongoing. As Finlay (2011, p. 79) asserted, it is insufficient to simply pinpoint our previous understandings and attempt to

bracket them. Instead, “the process is much more difficult, continuous iterative, layered and paradoxical”. Thus, as well as being empathetically open and bracketing, I tried to engage in the process of hermeneutic reflexivity, continually reflecting on my interpretations of both my experience and that of the participant. This aligns with what Finlay (2011, p. 81) calls the ‘reductive-reflexive dance’, wherein a researcher moves away from initial assumptions and understandings before reflexively interrogating them. This enables preconceived understandings to be examined with every new insight or thought. The concept of a reductive-reflexive dance (Finlay, 2008) helped me understand the importance of returning to each participant’s lived experience as I understood it. However, it was necessary to conduct this reflection many times over.

3.8 Validity

Validity indicates the robustness of how the research has been conducted and reflects on the reliability of study findings (Yardley, 2009). While the validity of quantitative research is to ensure objectivity, reliability, and statistical generalisability, in qualitative research, the aim is to produce ‘theoretical’, ‘vertical’ or ‘logical’ research (Johnson, 1997). Thus, there is no expectation of exactly replicating the study, but we would expect some similarities in the findings.

Various guidelines have been produced to check the validity of qualitative research validity (Smith, Flowers & Larkin, 2009). This study follows Yardley’s guidelines (2008), which consist of four broad principles that assess the quality of qualitative research. The first principle is ‘sensitivity to context’. From the outset, the researcher needs to empathise with the participants and put them at ease. The sensitivity to the content of the interview must continue into the analysis and the process of writing up the findings, which must include verbatim accounts to ensure the participants’ perspectives are given a voice and unbiased visibility. My dedication to a robust and rigorous methodology, excellent rapport with participants, and transparency in my paper support this principle.

Yardley's second principle is 'commitment and rigour', and in this IPA research, I have demonstrated this by following the methodology with rigour and being committed and attentive to the participants at all times. Yardley's third principle is 'transparency and coherence'. It focuses on producing a clear account of the stages of research, including details of how the participants were selected and how the interview schedule was constructed. I have adhered to this principle, ensuring all details of processes are included transparently, and the data is presented logically. Smith, Flowers and Larkin (2009, p. 182) point out that any ambiguities or contradictions should be included given that they may be deemed "the richest part of the text". However, they assert that "the analysis of the contradictions should not in itself be contradictory!"

Yardley's final criterion is 'impact and importance', which she perceives to be the ultimate way of judging the value of any research (i.e., will the research have an impact on the wider world?), academic need to exert a worldwide impact and, derivatively, monetary significance. I feel it is important that research enriches current academic and public knowledge and that practical/financial impact and implications are not always essential. In addition to Yardley's four criteria discussed above, Smith, Flowers and Larkin (2009) proposed an independent audit to further prove the study's validity. Yin (1989) suggested that all the data should be filed so that there is a paper trail, and another researcher or supervisor could follow the data from start to conclusion and conduct an audit. As such, I have ensured that interviews have been reproduced in the research with a note of themes and line numbers so that themes can be cross-checked.

3.9 Conclusion

In this chapter, I have given the rationale for utilising the IPA process by which the data was collected and analysed, reviewed alternative methodologies and provided details of the questions used with participants as well as details of the completion of ethics and risk-taking, selection of participants, obtaining consent, ensuring confidentiality and the right of the participant to withdraw, and reflexivity. Implementing this methodology led to developing five superordinate and thirteen subordinate themes, discussed in the next chapter.

Chapter Four: Findings

The irony of man's condition is that the deepest need is to be free of the anxiety of death and annihilation, but it is life itself which awakens it, and so, we must shrink from being fully alive.

- Ernest Becker (1973/1997, p.66)

4.1 Introduction

The aim of this research was to explore the lived experiences of six people who had lost a loved one and the influence that subsequently having a medium reading/s had on their grieving process. The interviews were analysed through the hermeneutic phenomenological method described in the previous chapter. While each participant had a unique story to tell, the process of IPA enabled various superordinate and subordinate themes to be generated to capture some common experiences across all the bereaved participants. To that end, a total of 13 subordinate themes were clustered into five superordinate themes, as follows: 1) Pain & Loss-Living with Grief after the Bereavement; 2) Being with Others; 3) Shock of The Unknown (spontaneous and assisted ADCs); 4) Beliefs (Religious/Spiritual/Other); and 5) Reflections of Life and death after assisted ADCs (see Figure 4.1).

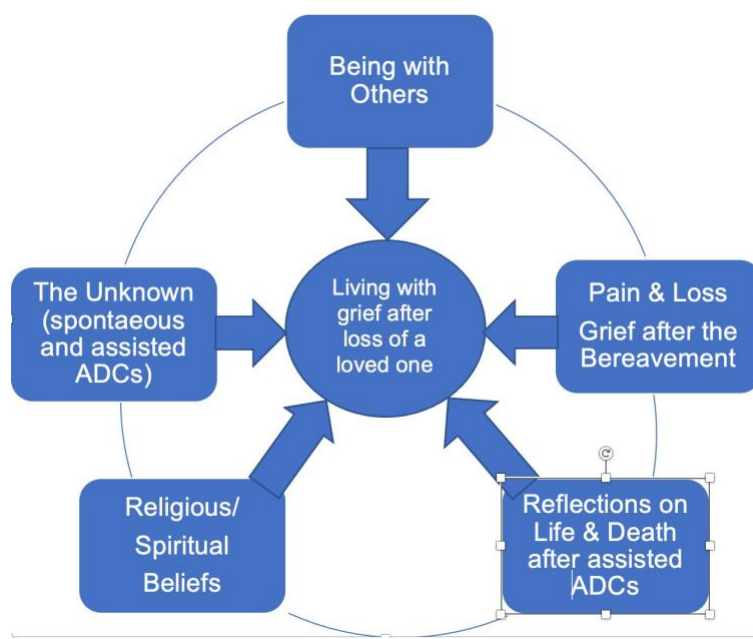


Figure 4. 1 Superordinate Themes

Note. The Superordinate Themes found in this research experienced by all or most of the participants

4.2 Superordinate and Subordinate Themes

All the themes captured the participants' experiences of grief after the death of a loved one. There were 13 subordinate themes to complement and support the five subordinate themes. See Figure 4.2 for the superordinate and subordinate themes and Table 4.1 for the superordinate, subordinate themes and existential dimensions showing what each participant experienced. See Table 4.2 for details of the participants and how their loved ones died.

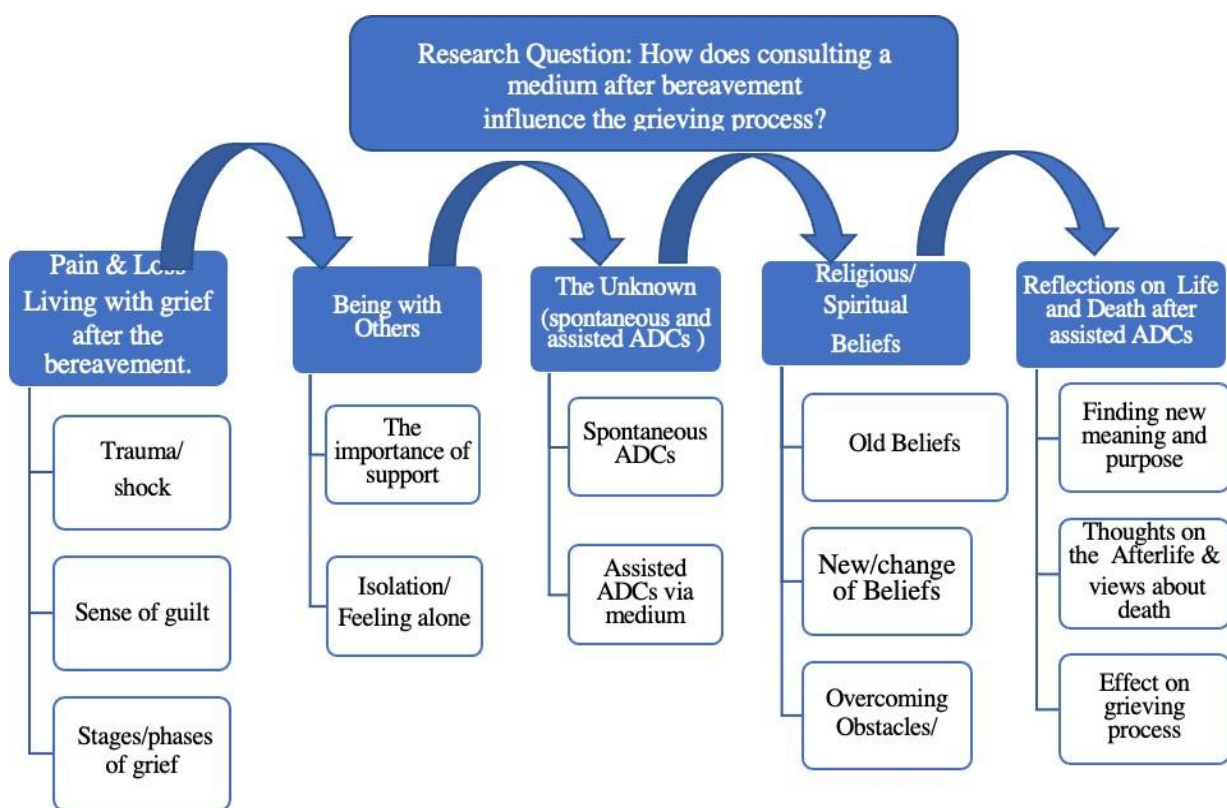


Figure 4. 2 Summary of Superordinate and Subordinate Themes

Note. Summary table of superordinate and subordinate themes

Table 4. 1 Summary of Superordinate, Subordinate and Existential Themes as Experienced by Participants

Existential Dimensions	Summary of superordinate, subordinate and existential themes							
	Superordinate Themes	Subordinate Themes	Loss of son	Loss of brother	Loss of mother	Loss of husband	Loss of husband	Loss of son
			Gabby	Anna	Jenny	Tina	Catherine	Veronica
Personal Social Physical	1)Pain & Loss Living with grief after bereavement	Trauma/shock	x	x	x	x	x	x
		Sense of guilt	x	x		x	x	x
		Stages/phases of grief	x	x	x	x	x	x
Personal Social Physical	2)Being with Others	The importance of support	x	x	x	x	x	x
		Being isolated /feeling alone	x	x	x	x	x	x
Personal Social Physical Spiritual	3)The Unknown (spontaneous and assisted ADCs)	Spontaneous ADCs	x		x	x	x	x
		Assisted ADCs via medium	x	x	x	x	x	x
Personal Social Physical Spiritual	4) Religious/ Spiritual Beliefs	Old Beliefs	x		x	x	x	x
		New/changed Beliefs	x	x	x	x	x	x
		Overcoming Obstacles	x			x		
Personal Social Physical Spiritual	5)Reflections on Life and Death after assisted ADCs	Finding new meaning and purpose	x		x		x	x
		Thoughts on the afterlife & views about death	x	x	x	x	x	x
		Effect on Grieving process	x	x	x	x	x	x

Note. Superordinate, Subordinate and Existential themes experienced by each participant

Table 4. 2 Details of Participants the Deceased and Cause of Death

Details of Participants, the Deceased and Cause of Death

PARTICIPANTS ALL FEMALES (PSEUDONYMS)	BRITISH UK RESIDENTS	AGE 25- 80	DEATH OF:	CAUSE OF DEATH	SPEED OF DEATH
GABBY	√	66	Son	Road accident while crossing road	Sudden death
ANNA	√	44	Brother	Car accident/drunk driving	Sudden death
JENNY	√	48	Mother	Cancer	Illness over time
TINA	√	38	Husband	Cancer	Illness over time
CATHERINE	√	51	Husband	Brain haemorrhage	Very brief illness then sudden death
VERONICA	√	61	Son	Drugs overdose	Long term drug abuse over several years then sudden death after <u>over</u> <u>dose</u>

Note. The table shows the age of the participants, their relationship to the deceased, how the deceased died and whether the death was sudden or not.

4.3 Superordinate Theme One: Pain and Loss - Living with Grief after Bereavement

Bereavement is the event of loss and the period over which the bereaved adjust to that loss. A loved one dying is usually the trigger for grief and mourning. Whilst we may all experience bereavement at some point in our lives, we can experience loss differently. This superordinate theme contained three subordinate themes: 1) Trauma and Shock; 2) Sense of Guilt; and 3) Emotions of Grief (including the phases and stages). These are discussed in turn.

4.3.1 Subordinate Theme One: Trauma and Shock after Death

After the sudden or unexpected death of a loved one, it is normal to feel traumatised and shocked due to the lack of preparedness for the loss. For two of the participants - Gabby and Anna - the unexpected sudden loss of their loved one was severely distressing. When Gabby's son was killed unexpectedly while crossing a busy road, Gabby "felt like the end of the world had come" (L23). She described her feelings as: "... these intense feelings of grief and shock, which were impossible to shake off...To lose a child who you had so many plans and hopes for is the ultimate nightmare. I just couldn't accept that" (L24 and L26). Gabby's words reflected the severity of the shock she experienced when her son died crossing the road. She used the simile "like the end of the world had come" to illustrate the depth of her despair, creating an apocalyptic image of the world collapsing around her. It was the end of the world (of life) for her son, but Gabby's words indicated that his death signified the end of her world too. Like most parents, she had plans and dreams for her son, which seemed to have all died with him. She could not let go of her grief and was, when it first happened, in denial about her son's death. There's a real sense that she could not shake off the grief from her body. There's a real physicality to her language. Gabby continued to describe how she felt "immense emptiness" (L30) after the loss of her son and was unable to face others; she "turned away from everyone, everything, and [she] switched into a deep depression" (L31). She described herself as "struggling like a robot" (L330). Thus, her words signified her deep despair and emptiness. It is quite common for the initial

numbness after a bereavement to continue into various stages/phases of grief (Kubler-Ross, 2003). In the case of Gabby, it continued into a depression. Gabby could not engage with others and seemed to convey a sense of isolation in her grief, physically “turning away” from others, again indicating a physicality to the trauma she experienced during bereavement. Furthermore, her words “Struggling like a robot” conjured up a picture of her inability to function as usual, instead struggling in a mechanical, empty way, just going through the motions.

Anna’s brother died unexpectedly in a drink-driving accident. Anna described as “quite tough” (L43), which seemed to be an understatement for what she felt, as though she had not entirely processed the enormity of what has happened. For Catherine, whose husband became unwell suddenly, she only had hours to think about possible death, which she said came as a “massive shock” (L37). For two participants, Jenny and Tina, who were expecting their loved ones to die, the terminal diagnosis’s trauma and shock continued after their loved ones died. Jenny did not explicitly use the words trauma and shock about her mother dying (even when her death was expected). Still, the following comments gave a good indication of what she experienced: “I can’t even begin to explain just like a numbness, it’s like a piece of you has been ripped out, so yeah, that was when she died...I actually passed out” (L80-81; L89). Even though Jenny was expecting the death for months, it completely overwhelmed her when it happened. She felt numb. The use of the simile “like a piece of you has been ripped out” is powerful, conveying how her mother was a part of her that had been forcefully taken. The shock of death when it finally comes was too much for her, and she fainted. Again, there was physicality in the words used. Jenny’s body shut down; her organs felt like they were being ripped out, and there was a sense of emptiness, a hole that caused her body to stop functioning.

Tina started grieving when her husband was diagnosed with terminal cancer:

Yeah, we thought he had indigestion, so we treat them for indigestion from Boots chemist downstairs. So, it was a major shock, like even doctor was shock because he said to Steve, “You’re so young, shall I take you for scan or not?” And then in the end he said, “I suppose, we better do it just to rule that out,” so it literally was—we were like mega shocked (L60-62).

None of them could have predicted the results: cancer. Unsurprisingly, they were completely shocked. There may even have been an element of them wondering if they had gone to the doctor earlier, would it have made a difference to the diagnosis? Tina felt that people thought she was going insane with grief – grief that started with the diagnosis but continued after her husband's death.

It’s really weird because when I spoke to people, I think they think I’m a bit odd, but I started my grieving process when Steve became really ill, and they said to us we can’t cure him. Obviously, I knew what the end was going to be, so I started grieving then, and it’s like a rollercoaster of emotions...I know that people think I’m mad (L19-21; L67).

Tina used language like ‘weird’ and ‘odd’ because perhaps she may have felt entirely discombobulated because her world had been turned upside down by the diagnosis. Perhaps she found it difficult to find her place in the world, compounded by feeling that her grief was not following the usual rules. However, she thought that it was justified, given the certainty of her husband’s death. Her use of the simile “like a roller coaster” effectively described a period during which her emotions were constantly going up and down depending on her husband’s cancer treatment, which bought them some time before the inevitable – about two years.

For Veronica, the anticipatory period before her son died was the start of her grieving process: “I often say I grieved for ten years” (L210). After his death, she said:

Well, it [my son’s death] wasn’t unexpected because he had suffered with mental illness and addiction for many years, so it was something you don’t want it to happen but it’s always in the back of your mind that it could when they’re struggling with that dependency, and I had spoken with him a few

days before and understood that he was having a real tough time, and he didn't know whether he could cope, so it wasn't unexpected when I received the phone call...In fact, I would go so far as to say that [coping with his addiction] was more difficult than coping with him passing (L24-27 and L189).

The ten years of grieving for her son appeared to prepare Veronica for his death to the extent that she was half expecting it to happen. She said, "it's always in the back of your mind". Thus, her grief was always with her in some capacity; she physically carried it around. She used the word "cope" and "coping", suggesting that her life was not about enjoyment or contentment but more about endurance and finding strategies that could help her. Most of her distress was experienced pre-death, suggesting that she could cope more easily after his death. Veronica had spoken to her son a few days earlier, and he had said he was going through a tough time and did not know if he could cope. Therefore, the news of his death was not unexpected, and Veronica wondered if he had committed suicide.

4.3.2 Subordinate Theme Two: Sense of Guilt

The journey into grief can be overwhelming and tortuous, often leading to a sense of guilt after a bereavement, a burden that a person can take on without even realising. After the death of a loved one, it is not unusual to ruminate over events, feeling we could have done things differently (Kessler, 2019; Murry et al., 2013). We blame ourselves instead of seeing the reality of the situation (Murray et al., 2013). This sense of guilt seemed to be conveyed by some of the participants. For example, there was a sense that Gabby blamed herself because she felt responsible for her son: "I felt bound to protect and he had everything to live for could be just wiped out in one fatal moment" (L28-29). As a parent, Gabby took on the responsibility of looking after her son and protecting him even when she was not with him. The word "bound" suggests a link/bind between them. Her role as a mother was an attachment between them forever but an obligation she could not fulfil. She had been unable to keep him safe, and his whole future was taken in a 'fatal moment', and Gabby felt responsible.

For Anna, the feelings of guilt started much later after she had to communicate with her brother's partner, who was very difficult and decided that her children could no longer see their grandparents. Until this moment, Anna had thought it was her brother to blame:

I could see what he was up against...he never slated her as such with me, so I always thought he was in the wrong because he would spend time at the pub (L86-89).

When her brother's partner refused to let their children visit grandparents, it seemed Anna was struck by how unreasonable his partner was. It was only then that she realised that she always blamed her brother, because he had never complained about his partner, when the reality was very different. Anna seemed taken aback that he "never slated" (L87) his partner and feels guilty for always blaming him. Anna was able to ask questions through the medium and receive a response from her brother. She successfully apologised to her brother via the medium, and her brother was able to respond by reassuring her that she was not to know how things really were.

There was a sense that Tina felt guilty when she found it hard to cope with everyday life: "When Simon [husband] first went, I ordered lots of takeaways and things in because I just couldn't face everyday routine, like cooking or anything" (L251). It was not until her husband communicated via a medium, telling Tina to cook proper meals, that she felt guilty and resumed her daily mealtime routines.

Catherine felt guilty because she thought she could have done more to save her husband:

...You go through lots of different emotions, and one of them was guilt, and I think a lot of people can associate with that, and my guilt was, I didn't push for him to have that scan. I suggested for him to have a scan, but they didn't go ahead with it, so I beat myself up (L416-419).

In this extract, one can see that Catherine was very aware of her emotions after her husband's death and identifies the guilt she felt for not insisting on a brain scan. She described her initial prompt for the scan as a 'suggestion' instead of 'push' which would have carried more urgency and encouragement for her husband. The hospital thought her husband had an ear infection and did not arrange for the scan,

and she then let it rest something she wished she had not done. Her words (“I beat myself up”) created a vivid picture of her brutal self-criticism and metaphorical fisticuffs with herself, blaming herself for not being pushier with her husband, leading to her guilt

In Veronica’s case, feelings of guilt started long before her son died. For her, the grieving process started ten years before her son’s death because she knew about his mental health problems and addiction:

I said I can’t do it anymore, I can’t hear about this anymore like I was actually ill, didn’t know what was wrong with me and I had to distance myself which was extremely difficult to me to just say don’t contact me, so I done that, and I felt incredibly guilty (L232-234).

Veronica distanced herself from Sam about two years before his death, given that it was negatively affecting her health and wellbeing, although she struggled to articulate precisely why. It seemed that she was overwhelmed with her son’s addiction and unable to cope with the stress of being on high alert all the time, expecting the worst. Her words suggested that the source of her guilt rested in placing her own needs (safeguarding her own health) before the needs of her son, despite the difficulty she experienced in distancing herself. This difficulty could stem from her belief (or the social norm) that mothers should sacrifice their own well-being to safeguard and protect their offspring – they are the priority – and therefore, her desire for self-preservation jarred with her sense of duty to her son, leading to her guilt. It was interesting, however, that she used the past tense to describe her feelings – she “felt” guilty – which begged the question of whether she still feels guilty now, after his death.

Thus, guilt appeared to be a powerful emotion experienced amongst participants and, in the main, seemed to be attributed to the dynamics that existed between the participant and the deceased. There appeared to be a sense of responsibility and caregiving for the deceased when they were alive, which is perhaps where this grief stemmed from –

from not fulfilling an obligation, duty, or role, either as a parent, wife, or another family member. This sense of guilt that they should have done things differently could potentially have contributed to their feelings of grief during or post-bereavement and could even be a factor in the ADCs experienced.

4.3.3 Subordinate Theme Three: Stages/Phases of Grief

Participants appeared to experience a range of emotions when grieving, which are often highlighted in the various grief models discussed in the literature review. Denial Anger, Bargaining and Depression are particularly mentioned in the Kubler-Ross Model (2005).

Gabby went into a stage of denial when she said: “I just couldn’t accept that” (L26). She felt her world had come to an end and could not shake off the feelings of grief and loss and comprehend that she would not see her son again. She found it impossible to comprehend that she would never see her son again. The situation for her was “the ultimate nightmare” (L27). Anna also felt she was in “denial”, when she saw a counsellor:

I think I was still a little bit in denial. I was talking about things quite...nonchalantly. But I think that is my way... that it wasn’t real because it hurt really badly, and I’ve never been hurt like that. I don’t think I was probably quite ready then (L207-209).

Anna recalled talking about things in a ‘nonchalant’ way, indicating a sort of unemotional dissociation. Having never felt pain to such a degree before, Anna suggested she denied the reality of the situation, perhaps also denying her associated feelings. The idea that she was not “ready” suggested she needed preparation – either to accept the reality of what had happened or for counselling, as a space where she should be able to engage with her feelings regarding her brother’s death.

Anger can present itself in many guises, and it does not need to be logical, and can include anger at oneself, others, or anything (Bonanno, 2009). Anger is a vital stage of the healing process (Bonanno, 2009; Kubler-Ross & Kessler, 2005). After the initial shock, Anna admitted to feeling “mixed emotions” and “angry” for various reasons:

I was quite angry with [my brother] for drunk-driving, for being on that road, for numerous things; the main thing I was angry with him for was leaving us, leaving me with mum, the carnage, and having to pick that up (L93-94).

In picking up the carnage (L94), Anna had to deal with both the accident and take on sole responsibility for her mother and his family, which she previously shared with her brother. The word 'carnage' painted a vivid picture of death and destruction, in which Anna had to pick up the pieces left behind (including her brother's three children and their mother as well as herself), all of whom must continue life without her brother. She was furious with her brother "for leaving; she did not say "we were left", suggesting a more passive experience. Choosing the active verb "leaving" suggested that her brother's choice of actions (drinking, not wearing a seat belt) led to his death. There was therefore a sense of blame, as though Anna felt she was a victim, compounded by the fact that she had the additional burden of looking after their mother and her brothers' children – something she did not ask for or want.

Feelings of depression, another 'phase' or 'stage' of grief, after losing a loved one, should not be regarded as a mental illness because it is appropriate for loss (Murray et al., 2013). The stages/phases of grief are not separate compartments, where one ends and another subsequently begins: there is considerable overlap (Kubler-Ross & Kessler, 2005). For participants Jenny, Tina, and Veronica, who started grieving before the death of their loved ones and continued grieving afterwards, it is sometimes referred to as 'complicated' or 'prolonged grief' or depression (Murray et al., 2013).

Gabby's initial two-week bereavement leave turned into 12 weeks, and she still could not return to work. She described herself as "walking around like a zombie" (L51). Her use of this simile certainly creates an emotive image, a frightening creature, a dead person that has been brought back to life but without human qualities (Cambridge Dictionary online, 2022). Gabby's description suggested that in the depths of her despair, she did not feel alive and was perhaps unaware of things around her.

This long-term struggle to feel human was also echoed by Anna, who said, "I really struggled in the first two or three months, I think, four months. And then I did seek out a

counsellor because...I only had a week off work, which in hindsight, probably wasn't enough" (L203-204). In seeking a counsellor, Anna suggested that her struggle with grief led her to need help to assist her with her depression. Her week off after her brother passed away did not facilitate the grieving process, as she seemed to require more time to work through the grief. Anna's struggle with her feelings of anger led to a despondency that left her feeling helpless because she had always been the one to look after other family members. When she was unable to receive support herself, she sunk into a depression.

Similarly, after the significant shock that left Catherine feeling stunned after her husband's sudden death, she said, "I just didn't want to be here" (L61-62), indicative of the extent of her depression:

So, with my grief, I didn't know what day of the week it was. I couldn't eat, I think I only drank water for the first three days. All I could literally swallow was water, and I ended up losing four stone through it. I've put a little bit on now, just a little bit. You don't want to be here; it was like my own soul died with him but I'm still breathing. I felt soulless if you know what I mean. I felt soulless, I felt like a shell (L55-59).

Catherine's grief was overwhelming, and it seemed she was severely depressed and, in not wanting to exist, she may have even thought about ending her life – as if she had already died, like her soul. She did not know what day it was; she just existed, and there was a sense of erosion, losing weight as if she could starve herself into oblivion. It is almost as if she felt that her soul had died, so why couldn't she slowly disappear too? She felt great emptiness, being a shell, just giving herself water to exist. Catherine initially took seven months off work but had a breakdown when she returned and had to take another six months off.

After the shock of her mother's terminal cancer diagnosis, Jenny was with her every day at the hospice. The process was draining, and she was very depressed after the death. Jenny still missed her mother – 15 years later – and admitted crying about once a week

when alone. Jenny started taking antidepressants three weeks after her mother's death and was still taking them, despite trying to stop:

I do feel that that's more of a chemical thing, and I think if you're predisposed to [depression], you are predisposed to it, and I just believe now that that's just my brain and there is a little bit of wiring that's not quite right (L307-310).

Jenny was aware that it had been a long time since her mother's death (15 years). Still, it seemed she felt that she was chemically predisposed to depression, as though her brain had either been altered irreversibly by the grief, which meant she must live with the depression forever, or that she would always be vulnerable to experiencing it. In many ways, in describing this experience as a physical one ("chemical", "wiring"), Jenny had perhaps adopted a more deterministic, biological view of depression, one in which she was not to blame and lacked the free will to correct it. This could also be why she chose the medication route instead of seeking support through talking therapy; her biology, not her actions, were responsible for her depression. Jenny may also have felt she had to justify her response to her mother's death (still affecting her 15 years later). There may have been an element of shame or a sense that she should have coped differently over time.

Another participant, Veronica, whose grieving process started ten years before her son's death due to his mental health and drug addiction, described her grieving process: "Once all that is sort of over [the funeral], you get sort of numb to start with, and then you get down to the actual process of grieving" (L145-146). Once the funeral was over, she was left feeling numb and by herself, and that was when she thought she actually started her grieving process. Numbness or blunting is a common feeling after bereavement and can be a symptom of depression (Murray et al., 2013).

Finally, acceptance was a theme running throughout the participants' grieving process. Veronica for example, wanted to understand what she was going through before and after the death of her son.

They would call my grief complicated grief because of the complications of the addiction beforehand, so it becomes what I've seen termed as complicated grief. I tried to understand it myself. I know myself best (L344-345).

Discovering that her situation of anticipatory death would have resulted in 'complicated grief', she took action: she decided not to take medication (because of negative experiences with her son's medications) and declined bereavement counselling. She focused on meditation and prayer (before and after her son's death) and also started attending a unique bereaved parents' group after his death (discussed later). There seemed to be a complete acceptance of the situation she was in over the ten years.

4.4 Superordinate Theme Two: Being with Others

Being with others was extremely important to all the participants in this study. The findings showed that all the participants received some kind of support, which included not only social support from family and friends, but also medical support and, in some cases, counselling support, as well as support from bereavement groups/clubs. However, some participants also felt very isolated at times. There are therefore two subthemes relating to the superordinate theme of Being with Others: 1) The Importance of Support, and 2) Being Isolated/Feeling Alone.

4.4.1 Subordinate Theme One: The Importance of Support

The bereaved found the support from family and friends invaluable because it gave them a chance to express their feelings and talk about their loved ones and distracted them from their intense grief and despair. There was also a difference in being with others if there was a sudden unexpected death, an illness, or substance abuse over a more extended period.

Anna's brother died unexpectedly. She understood that friends found it difficult to talk about what had happened to her brother (a drunk driving accident). Still, they would inadvertently comment on (for example) a car accident, saying: "Oh, the silly bugger was

doing this and so and so was doing that. And then they look at me, and they think of what they said, and then they shy away from that conversation” (L189-190). Anna would use such opportunities to tell her friends about her medium readings and put them at ease by saying, “Oh, I went to a medium last night,” (L190-191) or “So and so came round, and we had a, you know, a medium night” (L190-91). This gave her a chance to talk about her brother without her friends feeling uncomfortable. Anna only had a week of bereavement leave, and realising she needed support, turned to counselling. Unfortunately, it did not work out: “I wasn’t really getting anywhere. Whether it was to do with the counsellor or what. She was all for trying to find some deep-rooted thing from my past, I think” (L222-224).

Anna perceived the bereavement counselling to be ineffective, although she was uncertain why, perhaps due to the counsellor wanting to find a ‘deep rooted’ issue from her past; yet Anna felt isolated and wanted therapy. Possibly, a different therapy could have worked for her. This reveals an interesting point. The typical orientation of a counsellor may not meet the immediate needs of a bereaved person as well as that of a medium. A medium does not start from the assumption that something is wrong with the client that needs fixing or changing. In Anna’s case, the counsellor may have been trying to ascertain how Anna’s past relationship with her brother was affecting her emotions after the death of her brother. She acknowledged: “I don’t think I was probably quite ready then. And now, I just talk to my mum. I don’t think I need a counsellor, but we still talk about him” (L207-209). This suggested she had worked through the grief on her own, and that social support from her mother proved invaluable.

Jenny visited her mother every day in the hospice.

I was there all day every day (L46)...there’s the number of times that my brother and I sat with the doctors and we said how long, and they always said the same thing... they were like we don’t know (L 52-53)... my grandma, bless her, lasted another four years, she was 103, and then- and having to watch your daughter going through that when you’re nearly 100, how she did that, I don’t know, such a strong woman (186-187).

There's a real sense of closeness and support between Jenny, her brother and grandmother. Jenny was in awe of her grandmother, who had to watch her daughter die. Even the doctors did not know precisely when death would come.

However, not all visitors were welcome. Jenny found her stepdad challenging to deal with. She recalled, "he'd not been allowed to go and see [her mother] at all, but he was actually the one holding her hand when she passed, which wasn't great" (L90-91). This captured her disapproval regarding his presence, which she felt was unwanted, untimely, and forced upon them. Jenny only mentioned her stepdad a couple of times. Near the beginning of the interview, she said:

"..... in the third chemotherapy session there was a lot of the things going on at home with my stepdad which was making the situation a lot worse than it could've been, I remember I use to go every day to [my mother's] house and I got there - my stepdad wasn't there, she was in absolute agony and that day she was due to have a meeting at the local hospice... so I took her to the appointment (L39-42).

Jenny's mother never left the hospice. From that moment on, it appeared Jenny took over the care of her mother, probably because she felt her stepdad was neglectful or could not be trusted. He was not encouraged to visit, so it must have been particularly frustrating that he turned up the day she died and was the one holding her hand. This case clearly indicated that after bereavement, not all 'support' and not all family members were welcome.

After her husband died, Tina's family supported her:

I'm quite lucky that I've got the in-laws and my parents both within a 15-minute drive either side of us...so we're bang in the middle, so we're really lucky. And we got a friend who lives like three streets away, so I've got a lot of support. And I've got siblings, especially my brother, my big brother, he's we are very close. And him and [my husband]...they were like brothers, they got on so well. So, he's really supportive, he's really helpful (L460-464).

Yet despite the enormous social support from her family, Tina still struggled and found she needed medical support from her doctor, who prescribed antidepressants. Friends also supported Tina when she asked them to organise a medium reading (covered in detail under the Theme: The Unknown); this all highlighted how different kinds of support were necessary for Tina's ability to cope with her grief.

After Catherine lost her husband unexpectedly, being with others was crucial because she did not want to be alive. Family and friends gathered around staying with her for five weeks. "People wouldn't leave me because I just didn't want to be here" (L91). Catherine also had counselling support for several months but:

It didn't help. I suppose talking helps me. So, even like today, just talking about it is my therapy. I then saw another therapist; I was transferred to another therapist who I saw for about a year or over a year and she does EMDR (L333-334).

Despite initially finding the counselling unhelpful, Catherine acknowledged that talking to other people provided a form of support for her - even during our interview. The fact that Catherine stayed with her subsequent therapist for over a year was perhaps a testament that she found the therapy helpful to her recovery. Her last therapist used EMDR (Eye Movement Desensitisation and Reprocessing) with her; although Catherine did not go into detail in this regard, the literature suggests that EMDR is a successful trauma treatment. Overall, Catherine found that some therapy helped her explore and manage her post-bereavement grief.

Talking about a loved one in a supportive environment was something that Veronica discussed as being very helpful. She attended an online group, "Helping Parents Heal", for bereaved parents. Veronica suggested that it was a group with a difference:

It doesn't focus on the grief. There are many grief groups out there. I didn't want to go to a grief group. I didn't want to go over the death of my son. The day of his death didn't define him, there's so much more to him before and after, yet in a lot of grief groups, there's not that opportunity to talk

about the afterlife...we can pick each other up when we're having a bad day, but the majority of the group is very focused on healing from grief, so it's grief healing (L343-345; L349-350).

This group seemed to give Veronica and other bereaved parents a chance to talk about their deceased child positively, providing a supportive atmosphere based on acceptance. The group does not remember children just for their death, but suggests that there is a before and after, suggesting time has not stood still focussed on one event (the death), but is a journey with obstacles and challenges along the way. This group brings people together that understand and empathise through similar experiences, enabling members to live with the grief in daily life (which is akin to Tonkin's (1996; 2009) model of grief), and celebrating the life of a loved one. Veronica stated she knew she could still show up if she was having a "bad day" and receive support, forming an important coping mechanism for Veronica after her bereavement, and she continued to attend it to support other parents.

4.4.2 Subordinate Theme Two: Being Isolated and Feeling Alone

While all the bereaved participants experienced the various stages/phases (or other parts of the various grief models) in their own unique way, not all of them specifically refer to being alone or lonely. Yet three participants (Gabby, Veronica and Anna) explicitly comment on feeling alone or isolated.

Gabby, for example, stated she experienced "immense emptiness" (L30) and was unable to face others. Even though she had a partner, she felt he did not feel the same as her because her son was not his child. Furthermore, she said, "he didn't do emotions. So, I felt utterly alone" (L36). The feeling of significant loss, despair and isolation was a strong theme in Gabby's narrative. "He didn't do emotions" (L36) paints a picture of a partner who was devoid of emotional intelligence and emotionally absent and unable to empathise with what Gabby was going through after the loss of her son. Gabby did not elaborate further during the interview. Gabby was aware that she had two other very young children to support, but she felt she could not cope. There was a sense that people around Gabby did not feel comfortable talking about death and her loss in particular. While Gabby

acknowledged that people feel awkward being around a person with bereavement, she opined that “we should talk about it [death]” (L18).

We act as if it's a distasteful subject. We should talk about it. It wasn't discussed in schools and many people feel awkward when somebody has a bereavement. You can cross over the road just to avoid that person (L17-20).

Gabby suggested that she felt, for others at least, ‘death’ is a taboo topic that should be avoided at all costs to adhere to social niceties. She also indicated the lack of exposure we have to the subject, given that it is not discussed when we are young, generating an awkwardness in adulthood when faced with other people’s bereavement. The idea that someone can simply cross the road to avoid a bereaved individual is suggestive of a physical distance that can be felt emotionally, as though one becomes both physically and emotionally isolated by grief.

Without emotional support at home from her partner, Gabby tried out a local bereavement group: “I also visited a bereavement group...but it wasn't any help. It was full of lonely people, really, who had just gone there for company” (L52-54). The irony of Gabby’s statement was that Gabby, too, was lonely, because she had no one to share her feelings and experiences with. Yet she appeared slightly disparaging of this group. The term “lonely people” conjures up a group of individuals that one cannot connect with, individuals desperate for companionship, a type of person that Gabby may not have felt she identified with (or wanted to identify with). Perhaps Gabby did not want to admit that her identity had changed due to her bereavement into a ‘lonely person’ – maybe she felt she was not an inherently lonely person, like the others in this group, but that she was suffering temporary loneliness due to the lack of discussion surrounding her feelings of grief from and with people in her personal life. It also suggested perhaps she wanted or needed to discuss or focus on her grief, especially given her comment, “we should talk about it”, which contrasted with Veronica, who did not want to focus on the grief, but on life afterwards, in the company of others.

Moreover, when Gabby started experiencing ADCs (which she did not understand), she felt she had to visit her doctor to try and seek some form of consolation, understanding or support. However, this was not the positive experience she had hoped for: “My experiences were met with disbelief. She [the doctor] told me I was probably dehydrated due to all the crying and that my mind was playing tricks on me. So, she suggested medication, which I refused” (L48-51). She continued:

You just shut up from everything, close down. You don’t want to laugh.
 You don’t want to smile. In fact, you can’t imagine how you can carry on.
 And to have a doctor who just said I was dehydrated, it was crazy (L71-74)

Gabby felt that the doctor had dismissed her experiences (of spontaneous ADCs) as dehydration. Gabby may have thought she was being patronised, as though her experiences and grief were being belittled, as though she was a child. The fact that Gabby refused the medication that was subsequently offered suggested that Gabby did not appreciate the doctor’s perspective (or value their ‘medical’ opinion). In this lack of alignment with the doctor – a woman in a position of authority that had the power to help, Gabby felt genuinely unsupported and listened to and potentially even more isolated and alienated. At this stage, Gabby feared that she was going insane as she desperately grappled with her loss alone, searching for answers within her isolation: “I thought I was going crazy,” she stated (L65-66).

The isolation felt by Gabby was also experienced by Veronica, who discussed what happened once the funeral for her son had taken place:

I was feeling quite alone. I was struggling a bit because people tend to go back to their lives then you’ve got a house to support to start with and then as the months go on, people expect you to just be over it sort of thing. And of course, you’re not ... you’re just still living with it, and I’ve gone back to work, and, yeah, I was at a particularly low point I would say when my niece came up with this invite (L146-149).

Veronica here used the word “alone” to describe a sort of abandonment; those that had been supporting her drifted back to their own lives, and her pain was no longer (much of) a consideration for them after the funeral, which meant she began “struggling”. She

described the sense of the burden she had to shoulder alone, which began with the need to attend to the running of the house, then to go back to work, and then perhaps to put on a mask that tells everyone you are fine and “over it”, given that this is the expectation.

Veronica suggested that those around her appeared to feel the time had ‘reset’ Veronica so she would be “over it” and not still affected by it, as though she experienced a ‘blip’ before returning to how she was before the bereavement. This expectation may have meant that people did not talk to Veronica about her loss or make allowances for her (in the way they may have done when she first experienced the bereavement), which could have contributed to a feeling of isolation and loneliness – as though admitting to still thinking about her son or suffering from grief was taboo, unwelcome, or at least unexpected (by others). It was during this particularly low point that she received a very welcome invitation from her niece to attend a medium demonstration, and arguably the timing was ideal, giving Veronica much-needed support (in terms of her niece extending an invite for something they could do together) and the activity itself (a medium).

For Anna, there was a different type of isolation experienced after her brother died. On a physical level and in terms of ‘being with others’, Anna had family and friends around her. However, she and her brother had shared looking after their parents and any other family matters. It was a joint responsibility. After his death, the weight of responsibility shifted entirely onto Anna:

I always feel like it’s my job to make sure...especially my mum and dad and my brother were all right, you know. This one, I can’t fix. So, it took me a while through this grieving to figure that I can’t fix this one. There’s nothing I can do....they’re going to have to go through it, you know. I try and make it a bit easier by just being there and helping them out and listening to my mum and my dad and stuff like that. But I can’t help them. There’s nothing I can do to take it away (L254-258).

There was a sense that Anna always kept an eye on her parents and brother to ensure things were alright; after her brother’s death, Anna felt more alone in bearing the burden of looking

after the family, unable to fix everything. When her brother's children were no longer allowed to visit their grandparents, she realised that she was powerless to intervene. As she worked through her grief, she realised they will all need to work through their own issues by themselves, and she could only make things easier by supporting and listening to her parents in whatever way she could. However, there was a sense that perhaps no one was listening to Anna, which could have left her feeling alone and helpless, weighed down by responsibility for things she could not control or change.

The subordinate themes of the Importance of Support and Being Isolated/feeling alone contributed to the superordinate theme of Being with Others. Existentially, humans are social creatures where social support, whether from family, friends, professionals or the wider community, enhances well-being after bereavement. On the other hand, feeling isolated or alone can affect physical, social or mental well-being.

4.5 Superordinate Theme Three: The Unknown-Spontaneous and Assisted After-Death Communications

The superordinate theme 'The Unknown' refers to participant experiences after bereavement that they have not experienced until after the death of their loved one. The theme has two subordinate themes: 'Spontaneous ADCs' and 'Assisted ADCs'. Spontaneous ADCs capture ADCs that the participants experienced directly. The participants reported that these were visual, auditory, tactile and olfactory sensations. More than one can be experienced at a time, and all but one participant experienced these. The second sub-theme is 'Assisted ADCs', which describes communications to the participant from the deceased through a medium reading. All the participants experienced this. These subthemes are discussed below in turn.

4.5.1 Subordinate Theme One: Experiencing Spontaneous ADCs

Table 4.3 shows the spontaneous ADC experiences that the participants experienced. Anna was the only participant that did not report a spontaneous ADC

experience. When one experiences something they have never experienced before, and it seems other-worldly, there is a sense of awe and wonder, as well as a questioning of one's sanity (Drewry, 2003; Klugman, 2006; La Grand, 2005). Spontaneous ADC experiences can be visual (for example, seeing rainbows or orbs of light), auditory (hearing a significant song/music, hearing the radio crackle), kinaesthetic (sensing the presence of the deceased), or symbolic (for instance, seeing rainbows) (Drewry, 2003; Klugman, 2006; La Grand, 2005; Newport & Strasberg, 2011).

Table 4. 3 Types of ADCs Experienced by the Bereaved

ADC's	Gabby	Anna	Jenny	Tina	Catherine	Veronica
Visual			Rainbows		*Yellow and white bulbs/orbs Floating in the room	
Auditory	*Thought she heard son's voice *Special music suddenly played while in hospital					Radio crackling Special song played at a service station
Kinaesthetic	*Felt presence *Smell of son's chewing gum			*Felt presence *Smell of aftershave *Touch on shoulder	*Felt presence *Hand on shoulder *Tugging hair *Energy on her back *Sensations on face	Felt presence
Symbolic			Rainbows			
Messages via medium	Messages via medium	Messages via medium	Messages via medium	Messages via medium	Messages via medium	Messages via medium

Note. Table showing the types of spontaneous ADCs experienced by the participants.

The spontaneous ADC experiences of each participant are explored in turn. Gabby described her son's presence around her: "I began to sense things. I started to...think I'd heard his voice, or I could smell his chewing gum. And I felt this strange feeling like he was still around me" (L44-48). This led to her questioning her sanity. Gabby described a range of spontaneous ADCs: auditory, olfactory and kinaesthetic. A further example of Gabby's experience of ADCs was captured by her story of when she was being treated for cancer. She recalled:

As I went down to the radiotherapy, just in my heart, I said, 'You know, I believe in you spirits. I believe your spirituality. Give me one sign, please?' And as we went down into the radiographer's room, the lady said, 'You're always moaning about the music we're playing you,' ...because you're old, they think you like Vera Lynne or something stupid. She says, 'I found this tune.' She said, 'I hadn't heard it before.' She said, 'I found it the other night and I thought of you, so I put it on.' And it was a thing called the Bittersweet Symphony by The Verve, which was my son's favourite group and which I played at the funeral (L384-394).

There was a sense of Gabby trying to understand her experiences and at this point, although she said she believed that spirits exist, she still wanted a sign, some evidence. Why? She was going "down" to the radiotherapy room: perhaps this feeling of 'descending' was associated with darkness or negative imagery and fear (just as ascending seems positive, towards heaven). Perhaps she asked for a sign because it would give her a feeling of comfort, that she was not alone.

As Gabby had complained about the music in the radiotherapy department, there is some humour about her being old and wanting music like Vera Lynn. The word 'moaning' suggested that Gabby and the radiotherapy nurse might have been at loggerheads. Nevertheless, the nurse has gone out of her way (in her own time) to find a song that she thinks Gabby will like – Bittersweet Symphony by The Verve.

So, I started crying. And she said, 'Oh, what's—' I said, 'It's not the treatment now.' I said, 'It's the blinking music.' How on earth did she know? That is such a rare tune. I took that as my sign, and I carried on (L396).

The song had special significance for Gabby, which she took as a sign that her son was there and had somehow influenced the nurse to choose that song – a poignant reminder of her son's funeral. She still had a sense of humour as she joked about the crying being the fault of the "blinking music." There was also happiness because she felt it was a sign from her son, who was communicating with her.

For Jenny, an important moment came after her mother took her last breath:

She let out another last breath. I think that's when I fumbled because I've just left the room, ran down the corridor, ran into the car park, my brother came after me, and we saw two rainbows, one inside the other. We looked at them, it's – it was just a bizarre feeling... 'Somewhere over the rainbow', I don't really know how we got to it but my brother and I had listened to it and we said that with everything going on at home, it was very fitting so we chose that [for the funeral]... Then on the way to the crematorium, we saw three rainbows, three... (L76-81; 94; L96-97).

Jenny does not give any reason for running out, but there was a sense of her being stuck indoors for months with her dying mother, and her death perhaps brought a sense of freedom. It was poignant that the breath was described as being "let out", as though Jenny herself had been let out at last also. Her mother was free from the pain, and Jenny was free from the agony of watching her deteriorate. After her mother's final breath, Jenny could breathe fresh air. Neither Jenny nor her brother expected to see the two rainbows one inside the other; Jenny described it as a 'bizarre feeling'. There was a sense that the rainbows were special, marking the moment of death, perhaps because of the rarity of seeing a rainbow (let alone two or three at the same time), or maybe because they provided a burst of colour in what may have been a dark or drab, colourless time for them at the hospice. Rainbows may be perceived to be happy, linked to luck, prosperity and possibility, given their association with a pot of gold at the end. This could suggest that, with the death of her mother, Jenny could hope for a better existence than she had experienced in the previous months. Perhaps Jenny could have felt that the rainbow was a sign that she had her mother's blessing to live her life freely again, although, as Jenny later pointed out, she did not make the link to her mother until later:

It's a strange one because I do actually think in my head-at that point I don't actually know whether I'd fitted anything together at that point. I think it was only when I spoke to the medium, maybe that was the point where I thought that is mum (L102).

There was no doubt that seeing the rainbows after the death of their mother and later on the day of the funeral made an impact on Jenny. The idea of 'fitting things together' suggested that Jenny wanted a sense of completion, closure, neatness, and things fitting nicely together, instead of loose ends and questions, but this was not to come until later after the medium reading.

Tina started experiencing unexpected sensations within a week of her husband dying: "I know that people think I'm mad, but I know, I know that I smelled his aftershave in the living room. And, you know, like on the sofa... and I felt probably a touch on the shoulder (67-68). Well aware that family and friends thought she was "mad", Tina was self-assured, convinced that she did indeed smell her husband's aftershave and feel his touch.

And it'd only been him because there's nobody else here, it's just me and the children but they were in bed. And I was calm, and I just said, "I just need you to come home, I just need you home now," and I felt like he got his arm on my shoulder. And like my family, you know, they all said, you know, it's in your mind because that's what you want it to be. It wasn't in my mind. I physically felt it... Yeah, definitely, I definitely felt it. And I know that people like said to me like, you know, its grief, you know, with grief, and it's because you want it to be that. But I know what I felt like at that evening. I know what I felt (L68-L76).

For Tina, the presence of her husband felt very real, given it was physical, and she did not fear it, remaining calm. Tina used the word 'know' several times and 'definitely' twice. She felt his touch, and instead of panicking, she stayed calm because it felt reassuringly familiar. It was something she was probably missing.

She continued to experience the after-death sensations, and on one occasion, her young son said: "I can smell daddy's aftershave in the bedroom, hurry up. And I went in, and I can smell it as well" (L91). No one had used the aftershave since her husband's death, but they could both smell it; Tina was convinced it was not a trick of the mind as it was

experienced by her son and her. They felt it could not just be a figment of their grieving minds. They found it “comforting” and “not scary”. This evidential olfactory ADC indicated to them that their deceased loved one was present.

Catherine started experiencing ADCs shortly after her husband’s death:

He made contact with me when we were at the hospital, when he died on the 25th, on that Wednesday. And my sister-in-law was holding my hands and I was going, “He’s here, he’s here,” and I could—you know, in my mind’s eye, I could see him but I only went as far as his chest, I think I look up to see if it was him, because in my head I was going, “Go back, you’re not meant to be here,” like go back in your body sort of thing. So, he’d made contact within I would say it was in the first three hours of his passing (L42-46).

Not only could Catherine sense her husband’s presence, but in seeing part of his body, Catherine described her husband as having an almost out-of-body experience. She communicated to him with her thoughts at this time, attempting to bring him back to life or to stop the ‘passing over’ perhaps – she believed her husband was not meant to be in the afterlife; he was meant to be in the present life. Whilst not alone, given the presence of her sister-in-law, it seemed even then that Catherine realised her sister-in-law could not see him, given her repetition of “He’s here” – to convince her sister-in-law? – and she mentioned she could only see him in her mind’s eye, although this later changed when she questioned how real her visions were:

So, during that early stages I was seeing a lot of bulbs, a lot of golden yellow or white bulbs, even in the daylight or even with the lights on I would just see them going across the room, you know?... And even I was questioning at one time. I was walking around the house literally with my head in my hand thinking, am I imagining this or is this real? (L92-93 and L254-257).

Catherine suggested that her visions included lights – perhaps positive symbols of hope, peace, and optimism. Her description indicated that these bulbs were plentiful, filling her house, day or night. Yet it is unclear how far these were welcome, given that she had her head in her hands, suggestive of despair and confusion. Her despair seemed to stem from not knowing whether the bulbs actually existed – her reality had changed entirely given her husband's death. She continued to question her new reality, given the presence of something that she could not explain or understand. The fact that she stated, "even I was questioning" – even Catherine, who perhaps hoped beyond all hope that it was a communication from her husband, could not understand the nature of what she was (or thought she was) seeing. However, these questions only arose once ("at one time"). This suggested that Catherine's doubt as to whether it was an ADC from her husband was fleeting and that, in the main, she was entirely convinced it was real.

To almost test the reality of what was happening, Catherine asked her husband to do something different:

So, you know, he's pulled my hair, he's tugged my hair, I feel like fingers go through my hair. I feel tingling on my hair, and some of it I call it like a golden touch, it's the most beautiful spiritual sensation I've ever experienced. And then I get the tingles. I presume all this is my husband because I've never got contact like this before until he passed, so I had to believe it's him... I've had a hand on my shoulder and squeezing it five times. And I've also had the sensation of a hand on my head. Yeah, and then I felt like it dripping down my face... Then I would feel energy on my back, and I'd feel weight hanging off me and it was like his spirit soul had clung onto the back of me... The only way I can describe it, he's tugged at your clothes, you can feel him move over you, you can feel the movement of him. He's also been solid, and I've actually kicked him a few times (L257-264).

What Catherine felt was a series of physical sensations in different forms, from tingles and squeezes to drips, energy and weight. These sensations seemed to be experienced all over her body, in different places, indicative of a full-body experience. These touches were very

welcome to Catherine, “beautiful spiritual sensations” (interestingly, she described something physical using the visual terms “golden” and “beautiful”), which evoked a sense of the calm, serene happiness that she may have felt as a result. Notably, she used the word ‘spiritual’ instead of ‘physical’ to describe the sensations, almost as if the physicality of them was a symbol or proxy for something else, a spiritual, other-worldly experience – and it was this that was “beautiful”, for they signified something – her husband’s presence. Without this significance, these touches might not have been pleasant – the weight, the tingles, the tugging. They were beautiful not in and of themselves but because they were caused, Catherine believed, by her husband, given that she had not experienced anything like this before her husband’s death.

Moreover, she was quick to add that, at times, her husband has been a solid presence, and it was unclear whether she kicked him by accident or almost as a playful, humorous act. This conjured up an image of their potential playfulness as a couple when he was alive and was suggestive of the dynamic between them, a dynamic that she may have missed until her husband made his presence felt by Catherine. She later said that an experience like this “does something to your soul” (L309), which indicated that she could never be as she was before his death. This expression showed that her husband’s death profoundly changed her life and what she believed in.

Veronica felt her son’s presence when her daughter phoned her to tell her of his death: “I just felt him sat beside me as I got the phone call”. Later as she drove to meet her daughter, she recalled:

.. I just felt his presence in the car; the radio is crackling on and off. I had another incident when I got to the service station where a song played and I just knew it was from him, so, yeah, within the first couple of hours I felt he was there with me (L66-69).

Veronica did not question what she experienced. There was a sense of complete acceptance of her son’s presence and that she believed these incidents were her son

communicating with her directly, letting her know that he was still around, by playing a song that she would know was from him. These experiences were physical and auditory. The radio crackle was suggestive of interference – from another world? A different energy field or frequency that Veronica attributed to her son in the afterlife. Whilst Veronica did not discuss how this made her feel explicitly, her words suggested his presence was soothing, given the company that it provided her, being “there with [her]” to help her cope with his death. In this way, Veronica highlighted the idea that her son was not really gone; he was just in another dimension, parallel to hers, even though he was no longer part of this world.

Thus, spontaneous ADCs have been experienced differently by the bereaved, with varying effects on the participants. Gabby wondered if she was going crazy; Tina was convinced that her husband was communicating with her (and her son) even though her family and friends put it down to their grief. Jenny marvelled at the rainbows but only attributed them to ADCs from her mother at a later stage, and Catherine felt the physical presence of her husband, as did Veronica with her son. These experiences seemed to provide comfort and reassurance for the participants.

4.5.2 Subordinate Theme: Assisted ADCs (Communication via a Medium)

All the participants experienced contact with their loved ones through a medium. Five of the six participants (Gabby, Anna, Tina, Catherine and Veronica) were actively searching for answers, which they hoped a medium would be able to give them. This subordinate theme explores what and how the participants started searching, what led them to a medium reading and what they discovered.

Gabby was desperate to find out more about her spontaneous ADCs, which she had never experienced before:

People like to read things, certain articles, which contain positive messages. We need to believe we're not alone. I then had this overpowering urgent need to find out what had happened to [my son] due to what I've read. Anything sort of spiritual, positives, you know, Death Is

Not the End...I thought, did he cease to exist just like a light going out or is he still around? (L79-89)

In actively searching for answers in articles, books and online, Gabby wanted reassurance that her son still existed. Her grief – her difficulty accepting the “loss” – arguably propelled Gabby onwards. She wanted continuation, not ‘an end’, and used the simile of a light going out to highlight the nihilistic nothingness she hoped was not the fate of her son. In her pain, it feels like she was looking for a band-aid, something that would stop her from hurting. She also wanted proof, something concrete, something that could answer the many questions she no doubt had formulated since her son’s death.

I wasn’t bothered about what would happen to me, but I couldn’t accept this loss. Grief was so painful. And then by chance, I stumbled across a household name, a medium called Mystic X. He got his own radio programme and published two books apparently... I thought that if he was considered as an expert, that if there was going to be any truth in this idea of an afterlife, then he could prove it to me. (L89-93).

Gabby could not fathom a world without her son. Stumbling on medium Mystic X, a household name (somebody familiar), gave her hope that she could get the answers she needed. Very aware that contacting a medium may not work out, Gabby reasoned that she has nothing to lose by trying it: “I might have been setting myself up to be hurt. But on the other way, I was thinking, “I’m hurt anyway” (L104-105).

Gabby was brought up with the belief that mediums are charlatans and fraudsters to be avoided. However, her experience of spontaneous ADCs and her research pointed to another world where mediums could communicate with the deceased. She said she finally plucked up the courage to “sneak away” and visit the medium:

I needed some sort of release from despair. So, I simply decided to visit him. So, I sneaked away, caught the bus, and went to visit him. And his bungalow looked normal. As I walked up the path, there was no strange signs on the bungalow or no mythical beast tied up. And I ran backwards and forwards up the path, but I finally plucked up the courage. And I rang

the bell and a smiley face beamed at me in the doorway. He really was a smiley face and I felt at home (L125-131).

Gabby's desperation for respite meant she put aside her old beliefs and visited the medium. She was torn between her old beliefs and a need to find out more as she first sneaked away, as though guiltily doing something she should not be doing, and then goes back and forth on the path until she finally "plucked up the courage" to ring the bell. What she found was completely unexpected, given how normal the bungalow was and the smiling face that greeted her. This was something that she may not have been expecting or that made a significant impression on her, given that she repeated "smiley face" twice. The fact that she stated she felt "at home" indicated a sense of peace and relief that Gabby yearned for, that perhaps she no longer experienced in her own home since her son's death.

Gabby further evoked this sense of comfort, peace and even belonging as she shared what had passed between the medium and herself that day:

He said that a young lad's spirit had entered the room. We began laughing by passing on the silly jokes that my son used to crack all the time he told me lots of personal humorous things about my son to make me remember the funny times and all the walks we'd shared together. He even blew a raspberry which my son had always found funny. You know, I was really amazed as I'd not spoken a word, and I had no idea how he'd known this. He was never patronising. I think there was a serious side to the laughter we shared because I hadn't laughed in almost a year (L138-144).

This incredible experience, where Gabby was told that a young lad [she assumed her son] had entered the room, leading to laughter, silly jokes, blowing of raspberries, silliness and humour (in keeping with what her son would do or say), seemed light and carefree given the heavy shackles of grief that must have weighed Gabby down since her son's death.

[The medium] explained to me, so, in his words, that the dead are not dead, but they live on in spirit. What he was doing, he was showing me that there's a true healing process that was not just contacting my son but learning to rethink how we face awful situations (L145-148).

The medium explained to Gabby that the dead live on in spirit and that there was more to her than just contacting her son; it was about healing, interpreting and dealing with awful situations (like death) in a different way:

[The medium] said to learn that love has power even over death. I couldn't replace or bring back my son in a physical sense, but I was told that he felt that my son was well and happy, and the next best thing was to have him around me in this loving, spiritual way. He said [my son] was still developing within the spiritual world. In fact, he said he often gets messages that spirits don't want us to cling to sad memories. They want us to stop moping, get out there, and enjoy our lives. He said death does not divide. And I felt when I entered that house, full of sadness and despair. But when I left it, I felt seven feet tall (L152 and L56-157).

The medium told Gabby that her son was still developing in the spiritual world and that he often received messages from spirits to tell the bereaved that they should not mope about but rather enjoy their lives and take the view that death does not divide us. The medium's words had a positive effect on Gabby's grief and despair as it seemed to give her permission to continue life positively, with a spiritual connection to her son. In saying she felt "seven feet tall" when she left the medium's house, Gabby indicated that she had grown – spiritually - after the medium consultation, feeling larger than life, perhaps because she had been able to shake off her sadness and despair. Feeling taller, Gabby may have felt empowered, more present, as though she could conquer anything. The medium reading had, in a way, given her strength, answers, and a reality that she was able to accept.

Unlike Gabby, Anna and her family had always attended psychic mediums at local venues. They had experienced both good and poor medium readings and usually went every three months to seek communication with their grandfather, who had died. After Anna's brother died, it seemed natural to seek a reading, especially because they had unanswered questions about his death. Anna described the medium who came to their house as "bang on" (very accurate in his reading) (L36):

[The medium] just had these things that there's no way she would have known. So, you had to sort of take it that she was talking to him. This was him. This was him speaking...She totally had his mannerisms and the way he spoke. She spoke about various things because he died in a car accident. That's why we mainly sought her out because there was questions unanswered, which doesn't help with the grieving process (L39-40).

Anna was convinced that the medium really was communicating with her brother: "This was him. This was him speaking" – she repeated this almost as though she was amazed, and wanted to convince me. As the medium used her brother's mannerisms, thereby embodying her brother, Anna may have felt that she was actually in the presence of her brother, which would have been comforting, especially because she missed him and did not have a chance to say goodbye. Anna and her family had unanswered questions regarding the accident, which they hoped could be clarified by the medium.

You know, I mean he was at fault. He was drink-driving, and there was no one else involved. He went into a tree on a backroad... She also knew he was not wearing a seat belt and could describe the area where the accident took place. She knew too much detail that she couldn't have got from any papers or anything like that. Yeah, she couldn't make them up (L41-42, and L79-80).

According to Anna, the medium was very specific about the details of the accident: she was able to describe the area and knew Anna's brother was not wearing his seatbelt, that he was reaching for his phone when the accident happened. No one had spoken about this publicly. The accuracy of the account appeared to give Anna evidence that the medium was actually talking to her brother. Anna learnt that her brother had not settled in well (in the afterlife) as his death was unexpected even to himself: "He weren't ready to go. So that knocked me a little bit because you like to think that they're going to be alright, which is why you seek to be able to speak to him" (L131-132). This was not what she was expecting. Anna explained that she and her family were able to communicate through the medium not just to ask questions about the accident but anything else that was on their minds. It felt as though Anna wanted

to heal the relationship with her brother and be a better sister, taking the time to say all the things she never had a chance (or was too proud) to say when he was alive. It helped her not to berate herself for that, and appeared to foster a greater sense of ease in her. Thus, the reason she went to a medium was for answers, but perhaps also to establish a sense of peace in gaining his forgiveness, to forgive her own judgmental self.

Anna found out in follow-up readings with mediums that her brother became more settled. He said: “there are a lot of dicks here [in the afterlife]” (L330) and that he was not very interested in mingling. There were other things he would rather do:

He did like bowls and always wanted to do bowls, and never sort of really happened when the MS kicked in. He’s gone back to fishing, which he used to do a lot when he was younger. He’s had a little bit of golf. So, the recreational activities they got up there are about the same (L333-333).

Having been told her brother was not settling in well (because his death was sudden and unexpected even for him), Anna was pleased that his multiple sclerosis did not hamper him in the afterlife. Unimpressed with those around him, he was able to enjoy sporting activities. The realisation that they have the same recreational activities in the afterlife as on earth seemed quite surreal. Anna then discovered that he still also enjoys having baths:

We were talking, [the medium] went ‘I can’t believe this. He just got in the bath.’ We’re like ‘Got in the bath?’ She’s like, ‘Yeah. But he’s still talking to me. Yeah, he’s in the bath, in the bathroom, and he’s got his feet on the end of the bath.’ And there was something that he used to do in the bath, which didn’t mean anything to me, but did to his ex-girlfriend, and that he...and she said what he was doing, and his ex-girlfriend went, ‘Yeah, that’s right. That’s what he used to get me to do’ (L335-339).

Anna gained an insight into the other world that she never expected. The medium was able to give her information that she (and others who knew her brother) could relate to as being from her brother. “It wouldn’t have entered my head that they’d still need to have a bath” (L343-344), Anna stated, and this unexpected insight did seem quite incredible. Regular bilateral communication through different mediums seemed to have given Anna peace of

mind that her brother was finally settling in. Furthermore, the medium divulged her brothers' preferred attire:

....so, you think when you first go into the pearly gates, super pearly gates, they ask you what you want to wear. And then you think like, oh, I'd had a suit or a white gown. And my brother had gone for the white gown (L347-348).

The information suggested a spiritual existence after death where ailments disappear, the availability of a variety of recreational sports, baths, and a choice of attire. For Anna, this was welcome news: her brother was settling into his after-life existence and enjoying the best of health. The information provided comfort, and Anna continued to attend readings on an ongoing basis: "...every three or four months, we check in again."(L310).

And he'll tell us of things that have been going on down here, you know.
And he'll say that he saw that, and he's probably taken his eye off the ball a little bit, and he'll try and help out with that in the future (L359-360).

The medium conveyed to Anna that her brother was able to discuss things happening on Earth, presumably that the medium would not know about. This could be particularly important about his children, who are no longer allowed to visit Anna or their grandparents. The comment that he had "taken his eye off the ball" was interesting because it suggested that he might miss things. Could this have been the medium excusing herself for not knowing certain things? It could have provided a convenient way out for her, if she were inauthentic. However, this was probably not how Anna interpreted things; rather, Anna belied a sense of hope – she was not alone because her brother was (generally) keeping a watchful eye on things.

After her mother's funeral, Jenny continued with her usual routine and activities without any thoughts about contacting a medium. However, she decided to purchase a puppy and phoned some breeders. One of the breeders had more than just a puppy for sale:

From what I can remember, the way she put it was, there was a really strong presence around you when I was talking to you on the phone, and I really felt like someone was trying to connect with you (L126)

The breeder was also a medium who sensed spirits around Jenny and offered to do a phone reading, to which Jenny agreed. Jenny said that the medium stated:

I've got a lady coming through, and then she kind of paused like she was listening, she wants to let you know... that you were "right about the end of the rainbow, or you were right about the rainbow; you were right about the end of the rainbow", at which point I just started crying. Although she was still talking, I wasn't really listening because the whole thing about the rainbow, I think I was trying to process it, I think I still am trying to process it, to be honest, but it's a strange one (L141-144).

Jenny felt that her mother was able to communicate through the medium, who seemed to be pausing to listen to her and then speak to Jenny. At the time Jenny saw the rainbows, after her mother's death, they seemed special, but Jenny did not think of them as symbolic ADCs. Thus, whilst Jenny had not been actively searching for any answers, by sheer coincidence, she received a medium reading over the phone, which had a profound effect of igniting her curiosity and motivating her to look further into the afterlife:

If you've seen me after the phone call because I was inconsolable, but actually I think it was more a release, it was more of a realisation that she hasn't actually gone, it was more happiness maybe you know, crying for happiness (L274-276).

The revelation that the rainbow was a 'sign' was unexpected, and although Jenny remembered being inconsolable at the time, she felt it was more about a release of emotion. She had bottled up all her grief and was told that her mother was not just dead and gone but somewhere in spirit, which meant there was a sheer release of emotion like a dam being broken. There was a sense that Jenny could start 'feeling' again. Looking back, she felt they were tears of happiness as she realised she was not alone.

After that reading, Jenny started to read books like *Many Lives, Many Masters* (Weiss, 1996) – others that had continued their own lives in a new, more meaningful way post-bereavement. Jenny had never had another medium reading again by coincidence or design:

You know it's strange because I keep thinking I'd like to, I'd like to, but I think what I'm frightened of is that it will take away that – I think it will take it away, and I don't want it to, I kind of just want that to be the message and maybe one day I will (L251).

There was a sense of the coincidental phone medium reading having such a significant impact on Jenny that she was scared another medium reading would somehow detract from the first one – perhaps be a disappointment. She repeated, "It will take away that, I think it will take it away"; she feared that another reading may take away – what? The beauty, simplicity, or perfection of the first message? Her belief in the spirit world, if she had a subsequent 'bad' or false reading? She could feel her mother still with her, whereas a subsequent reading may reveal this to no longer be the case. Thus, it seemed Jenny preferred to leave things as they are, perhaps because the original message from her mother was perfect or enough, just as it was. However, she did not say 'never' to a future medium reading, which is especially prevalent in that she repeated "I'd like to". She therefore, noticed the irony ("it's strange") in having such a positive reading and not wanting any further readings (yet).

Tina was open to having medium readings:

I also contacted a medium through a friend and had a reading with them three or four months after [husband] died. And that really gave me a boost. It really helped...She comes to people's houses, but I didn't want her to come here because my house's got loads of photos of me and [my husband] and all the children around the house, and I didn't want to give it any indication of what he looks like, so I went to my friend's house where there's not that kind of stuff there, it's just her and her family (L97-100).

Knowledgeable about mediums, Tina was aware that she did not want to give clues to the medium and so avoided having the reading at her own home, instead having it at her friend's house. She wanted to be sure that the reading was authentic.

And she was absolutely amazing. She described [my husband] exactly like... And I had him in a pair of jeans when he died and an Argo shirt and she said, you know, I've got a man stood there with a baggy pair of jeans and a football top, and that's what I buried him in or that's what I cremated him in, so how she'd known that she wouldn't have (L100-103).

When the medium could describe what her husband wore when he was cremated, Tina must have felt reassured. This appeared to convince Tina that the reading was genuine because how else could the medium have known? The medium also said her husband was impressed with the funeral:

That you got the football club... [my husband] laughed because he said it was more like a wedding reception than a wake because it's so uplifting, everyone's like happy and jolly. And she said that he could see the children running up and down the room, skidding off the floor. And he was talking about the children turning the music up to make it a party. And again, it was things that she wouldn't have known because she weren't there (L109-113).

Since her husband's death, Tina had been in despair and to hear that her husband was impressed by the funeral arrangements was very welcome news. She was being praised and valued by her deceased husband. Tina interpreted the medium's messages positively because she wanted to believe her husband was communicating with her but also because she could not explain how the medium would know this information otherwise, especially when she had taken care not to reveal anything or give clues.

The medium also asked if Tina had any questions for her husband:

I just said is he okay? Like because obviously, it's one of your worries and that they've gone and where they've gone to...He said I'm really happy where I am and you'll like it but it's not your time yet. So, that made me

feel like where he is. I know he's safe now and that he's not in pain no more (L128-129).

Learning that her husband was happy, in a safe place, and pain-free, was important for Tina. He also reminded her it was not her time to pass. This was crucial for Tina because she was missing him so much. She needed to hear that it was not her time to die and that she needed to continue and support their children properly:

I ordered lots of takeaways and things in because I just couldn't face every day routine, and like cooking. When I had the one-to-one [with the medium], [my husband] said start cooking the children better meals, stop ordering takeaway, and I was like whoa like that's a little bit scary because they need to have their veggies. And it was something that he would say when they was here, like come on, Tina, like that's not what you should be feeding them. And it's weird that he could come through and say that (L251-255).

Tina thought "it's weird" and "scary" that her husband in spirit would communicate to chastise her about the takeaways and tell her to make the children proper meals. However, she readily admitted that it was exactly the sort of thing he would have done in real life. It was also possible that Tina found it 'scary' that all her actions were being witnessed by her dead husband. The information was so accurate that it was uncanny, or perhaps Tina thought it strange that her husband would mention the takeaways when there were many other things he could say to her. For Tina, it was as though he was still alive, telling her what to do. The medium communications therefore had a powerful positive impact on Tina, who changed her behaviour and started cooking again, which of course benefitted the children directly. The accuracy of the readings in identifying her husband and his comments about the takeaways implied that he could see what was going on and communicate through the medium to help his family. Not only did Tina have questions answered, but she was motivated to continue her life via the medium:

[My husband is] still so jolly and happy, you can't help but get caught up in that and kind of like pushes you along a little bit. So, I'm trying to in a way live for him and for me if that makes sense (L157-161).

Tina was trying to articulate something, which felt like she was unsure of herself without her husband. He was the thing that made sense to her and losing him meant she had lost her focal point; she felt a bit out of control (e.g., takeaways). In a way, he was her moral compass/guide. Through the medium, he could still play that role from beyond the grave, but she needed pushing along a little bit. Why? Possibly because she was stuck/stagnant and overwhelmed by grief after his death. She has been the opposite of jolly and happy. So, she could take his energy via the medium, which she has missed, and literally find the energy to cook and do all the things she used to (or know she should) do.

Catherine was distraught after her husband's sudden and tragic death. Spontaneous ADCs started within hours of his death. She wanted to consult a medium straightaway:

I wanted to do it straight away, but I didn't know how long it took; once he passed over, how long it takes for them to be able to communicate. So, I gave it 12 or 13 weeks, and I was recommended this medium in Suffolk. So, I went, and I'm glad I went because he was spot on with everything (L112-115).

Catherine had been brought up believing in medium readings, and even though she was not actively attending a spiritualist church or a medium when her husband died, she was open to experiencing ADCs, which is perhaps why they spontaneously began shortly after his death. It was unclear why she felt she needed to wait to contact the medium if she had already received communication from her husband. Perhaps she wanted to do it 'correctly', but was still processing the spontaneous ADCs and not ready for the next step. Her husband was then able to communicate with Catherine through the medium:

And [the medium] basically said to me, as I link in, I've got a man here who's just passed, he's just gone recently, and it was a tragic passing. And he said, it feels like he went out like a light, he's one minute here and the

next minute he was gone, it was he went out just like that...He knew that we were childhood sweethearts, he knew we didn't have a lot of time together. He got his name, he said X someone's called X, and he keep shouting X and by that time that reduced me to tears because, you know, it's my husband's name (L127-30).

The accurate details that Catherine felt the medium was able to give her seemed to impress her; she also stated that the medium was able to identify four cars that they owned and that the "hospital had messed something up with him with his diagnosis" (L135). The information he shared with Catherine resonated with her; she could accept that the medium was communicating with her husband in spirit. In the above excerpt, she indicated that she was "reduced" to tears because of the medium's ability to know her husband's name. These were probably tears of relief and happiness that her husband had come through.

After her son's funeral, Veronica had unanswered questions: the autopsy results were delayed, and she wanted to know if her son had committed suicide or whether it was an accidental death. Attending a medium reading was "not a great leap" (L70) for Veronica: "I had been to mediums maybe years and years ago but, no, not recently, so I just went along to the demonstration, and, you know, hoping that [my son] would come through and he did" (L70-71).

The use of language 'come through' is regularly used to indicate that a spirit has come through the medium and is communicating. Veronica's son in spirit was also able to confirm that he had not committed suicide: "He [her son through the medium] cleared it up for us, but it wasn't intentional, but it was a mixture which was proved later in the actual autopsy report" (L94). Knowing this was really important for Veronica, who knew he was going through a difficult time after breaking up with his girlfriend, and she felt guilty that she (Veronica) had distanced herself from him because she was unable to cope with his addiction:

[The medium] came out, you know, with a few other things about, and from [son], that there was nothing more I could've done for him, that from his perspective now, ... where he is, he can see, you know, what was

attempted to be done from my end, and he could tell me that none of it would've made any difference, you know, and actually that may, which I found interesting and this has been said by another medium more recently that by actually distancing myself from him that time, made him stay on the earth longer because he would've gone sooner if I hadn't, because he made an extra effort then, and he sorted himself out, and he found his girlfriend who he adored, and she adored him, you know (L243-247).

This communication proved positive for Veronica as it helped to assuage her guilt for distancing herself. It gave Veronica a sense of relief, of not being responsible. The idea that she could not have done more than she did gave her the reassurance she needed. The fact that she had another medium reading that also said this, was even more evidence that it was not her fault. Perhaps she needed convincing that distancing herself helped him live longer. Knowing this would have lessened the pain associated with her guilt as a mother that she put herself first. Maybe Veronica needed to hear it from multiple sources because she still doubted she was right to distance herself. She may feel she drove her son to suicide, but knowing it was not suicide meant that he did not blame her (or anyone else).

Another important insight a medium was able to give Veronica was that her son in spirit could actually see her on an everyday basis, doing something loving towards him:

I had a photograph of him in my hallway, and every morning and every night, I would kiss his photograph as I was coming through from the bedroom into the lounge, and, yeah, he said he sees me doing that. Nobody else knew I did that, you know (L112 -113).

Knowing that her son could see her as she kisses his photo every morning for Veronica meant that he was involved in her everyday life, not physically but spiritually. She needed her son to know that she loved him, and as he could see everything she does, Veronica was reassured that he would know this. She was not alone – he was with her, and she could even communicate with him through mediums.

In this theme, there has been an exploration of ADCs. Experiencing spontaneous ADCs awakened curiosity in the participants, urging them to discover more via books, online

websites and medium readings. Communication with the deceased through medium/s enabled the participants to obtain answers about the death of their loved one, to ask for forgiveness and even gain advice that led to them changing their behaviour for the better. In one case (Anna), there was even an insight into what her brother was doing in the afterlife. In all the cases, the medium reading/s were life-changing for the participants, helping them grow and heal on their grief journey.

4.6 Superordinate Theme Four : Religious and Spiritual Beliefs

Beliefs that we grow up with help us understand the world around us. The participants interviewed had different religious and spiritual beliefs, which appeared to affect how they initially reacted to experiencing spontaneous ADCs and whether they decided to have a reading with a medium. Four out of the six participants felt they were “spiritual” and came from families open to consulting a medium. One Christian participant (Jenny) came across a medium by an amazing coincidence, and two other participants (Gabby and Tina) came from Christian backgrounds, which they felt did not countenance communicating with the dead via a medium. There are three subordinate themes: Old Beliefs; New/change in Beliefs after ADCs and Overcoming Obstacles.

4.6.1 Subordinate Theme One: Old Beliefs

Gabby had a religious Christian upbringing, which impacted heavily on her perceptions of mediums:

I had very deeply religious parents and as a child, I went to a Church of England school, and I was taught by a vicar. So, I've been brought up in the notion that these people [mediums] are frauds. You know, they set out to trick you and they prey on vulnerable people. And because my doctor had also tried to explain my strange sensations, I just didn't know what to do (L106 -111).

Gabby referred to her old beliefs as “brought up with the notion”, which suggested that she gave little weight to her Christian upbringing. The use of “these people” suggested mediums are a set of sinners, fraudsters and tricksters preying on the vulnerable. Fundamentally, they have been labelled as evil, so they should not be contacted. Her doctor offered her medication and as reviewed earlier, put the spontaneous ADCs down to dehydration and grief. Gabby was left trying to find explanations for what seemed inexplicable (if you do not believe in spirits). She had no answers and nowhere to turn. Immersed in isolation after her son’s death and experiencing spontaneous ADCs, Gabby struggled with what she was experiencing and the beliefs she had been brought up with:

Like I say, it is really difficult if you don’t believe in anything at all because your life is that empty. It’s great as you’re living. But when you’re faced with something like a death, it’s very difficult to accept that that is it. You’re gone, you’re gone. People will say that to you. But when they’re actually faced with a loved one, it’s difficult. So, you can only reach out to people who want to take those views on board (L603-606).

Gabby suggested that, in theory, it was all very well and easy to say (as other people have done) that when you were dead, you were dead. However, when *they* were facing death, it was a different story, almost like objective versus subjective. It is possible to distance yourself when there is no emotion involved, but when it is one’s own bereavement, it is impossible to extricate emotion from it, which means it is hard to accept the finality of death. Gabby also asserted that life was empty without belief. When there was no belief, people could do what they please, instead of worshipping God. They lived in the moment - was this what she thought constituted an empty life? She went on to say that one “can only reach out”, that is, share experiences and beliefs with people who were open-minded or willing to accept your views.

Some of Anna’s thoughts around death came from her mother’s experience of working in a care home for 25 years:

My mum worked in a care home for the last 25 years. And I think hearing her stories; she's been with an awful lot of people when they died and see the older generation...my mums always told me that if somebody passes away that the first thing you do is open the window to let the spirit out ...My mum's quite a big influence on that. And she's told me of stories where they've put their arms out, and their husband or their wife is there waiting for them. They'd say, 'It's okay. I can go now because they're there waiting for me' (L436-437 and L439-440).

Anna's mother had been a significant influence on Anna, sharing her stories of people passing away in the care home. So, for Anna, the spirit world was a comfortable place where deceased loved ones waited patiently for the living to join them. The idea of putting their arms out as if in a welcoming embrace felt very supportive. Anna did not seem afraid of death, and letting the spirit out sounded like freeing them. There was no doubt that Anna's mum's experiences and beliefs significantly impacted her acceptance of spirits.

With open-minded beliefs, Anna and her mother had always gone to see psychic mediums at local venues and had the experience of good and poor readings. They found one particularly good medium that they saw every three months who gave them some correct information about "grandfather" but then "went a bit off kilt"; Anna said, "So, I stopped going to him. And in the end, it did—it made me really sceptical" (L32-33). By "a bit off kilt", Anna meant that the readings from the medium were no longer accurate. What made his readings inaccurate? Was it that after several accurate readings, he no longer had more information? Anna did not state why they went (for readings) every three months, but this could simply have been because she and her mother missed him. Anna became disillusioned and sceptical and stopped seeing that particular medium. Still, after her brother died, it seemed natural to reach out to another medium as they had in the past:

We sought out another psychic medium who doesn't do it on a commercial basis. And she came round the house and she...I definitely...I thought, yeah, you're bang on. So, yeah, that reinitiated my belief that there is

something after death, you know, that the spirit goes somewhere. I believe the spirit goes somewhere (L35-37).

The new medium they saw was “bang on”, that is, absolutely accurate, and Anna’s belief in spirits was reinstated, as she felt sure that the spirit or soul left the body and went somewhere else.

Thinking about her beliefs before speaking to a medium after her bereavement, Jenny said:

I used to go to like Sunday school and church when I was little, so I suppose I was brought up we used to go to like United Reformed Church, but I was never really overly religious at all, so I don’t think I’d ever - I don’t think it ever really helped think about that side of things you know, life after death and all this kind of stuff, I never really thought about it (L158-160).

Even though Jenny went to Sunday school and church it seemed she did not engage with it in a particularly religious way. She did not interrogate her beliefs and think about death.

There are two sides of existence – life and death – and it seemed Jenny had been focussed more heavily on ‘life’ as a child and possibly until her bereavement. The idea that it never “really helped” thinking of death or life after death begged the question, is it meant to help? There may well be an expectation that the church is meant to help. Jenny used the words ‘never’ and ‘ever’ several times, which brought absoluteness to what she said.

Tina and her family had a strong Christian background:

Me and my two children, we’re Christians, and my children has been christened as Christians as well. And I work in a Christian preschool, which is connected to the church. So, we’ve got a big link in the church, and we got married there, and now I work for them, so yeah, we’ve got a bit of a connection up there (L277 -279).

Tina’s life seemed steeped in Christianity, and she was very comfortable with her Christian beliefs and the spiritual world. She not only accepted the spontaneous ADCs she had experienced a week after her husband died, but wanted to go further by consulting a medium:

I think I'm quite spiritual anyway that I like the thought of after death when I lost my nan... I've always wanted to get in contact with my nan... And [my husband] knew that I was a big believer and all this. I like to go to like mediumship demonstrations and things, and so I thought what harm it is going to go and see if [my husband] does come through, and he did (L123-125).

Feeling comfortable with her Christian identity and spirituality, Tina shared how she liked the idea that the afterlife exists and had always wanted to contact her Nan when she died, but did not state if she actually did this. As a Christian, Tina already believed in an afterlife, but she seemed to want something more immediate: a medium reading. Accepting the inevitability of death, the finality, just fading into the non-existence, and the idea that she would not see her husband until she too died seemed unthinkable to Tina, when there was an alternative. She took comfort in knowing that her husband knew she was a 'big believer' (in contacting the dead through mediums). She was definitely open to the spirit world and even actively sought it out in demonstrations. With the death of her husband, Tina felt it could do no harm to have a medium reading to see if her husband would come through and asked a friend to organise it.

Catherine was also brought up believing in an afterlife and spirits by her mother and grandmother, who went to a spiritualist church and had medium readings. Her grandmother's sister-in-law was an actual medium. Before her husband's death, Catherine stressed: "So, even though I've always believed in the spirit world, I never did buy it, if you know what I mean... I have my own life, I was living my life" (L40-41). This ambiguous comment seemed to suggest that even though Catherine was brought up believing in spirits, with a family that attended medium readings and a relative who was actually a medium, she may not have really believed in mediumship, or given it much thought because she was just too busy with her everyday life. Perhaps she did not think about spiritual matters growing up because there was no personal need for her to do so. When she questioned, "You know what I mean?" (L40-41), as the researcher, I was pulled into imagining her busy life (not

unlike my own or most people's), where there was little room for spiritual thoughts. I felt I did know what she meant. Many people worldwide are born into the religious homes of their families without actually practising the religion. Existentially, at that stage in her life, Catherine's focus was on the physical, social and personal dimensions of her life. When her husband died suddenly after an earache (which turned out to be a brain haemorrhage), the most significant thing for her was communicating with him. As she received spontaneous ADCs a few hours after his death, the spirit world became a part of her life, and her life ceased to be as busy (as she was unable to work) and even struggled to carry out everyday tasks. She was able to accept spiritual contact readily, feeling comfortable with it given the role it played in her upbringing, even though she had not personally embraced it until the death of her husband.

This sounded similar to Veronica, who said she had an affinity with God in her own way but was not religious in a traditional way:

I don't go to church for a service. I will often find a church... it's not very often these days, but sometimes I go to find an open church, and I will go in and sit. I just like to sit. But, no, I don't like organised religion, it's not something that resonates with me, but I still have my own, you know, relationship with the higher power if you like (L296-298).

Veronica made it clear that her preference was to simply sit in a church with her thoughts; perhaps she did not like church services because she did not like to be directed in what to think or how to behave – she suggested she was not keen on the 'organisation' of religion, of her beliefs or thoughts. Yet she seemed confident of her relationship with a 'higher power' – which, tellingly, she did not label 'God' – without stating what she thought that was. Interestingly, she used 'I' and talked about 'my own' beliefs often, indicating she placed herself and a personal relationship in the centre of things instead of indicating that she believed in something that other people also believe in (a joint or shared belief).

Yet she had always believed in an afterlife: "I could feel his presence with me straight away and I had signs from him, well, immediately, you know" (L57-58). Veronica indicated

that it was not a great struggle to believe her son was communicating with her, as it did not contradict her previous beliefs regarding a spirit world.

Thus, there were many beliefs that the participants had grown up with or become accustomed to as part of their upbringing, which may have become entrenched over the years. Sometimes, they appeared to have become part of their identity (Gabby, Tina and Jenny). Gabby struggled with reconciling her ADC experiences with her Christian childhood beliefs. Anna changed the way she thought about God and whilst she did not attend church, she felt an afterlife existed. Congruent with this was her attendance of medium demonstrations and readings. Catherine had a background rich in spiritualism and mediumship but admitted it was not really a part of her life until her husband died. Veronica stated she did not participate in organised religion but still found comfort in sometimes sitting in an empty church with her thoughts, meditating on her own personal relationship with a 'higher power' – whatever that might be. Notably, however, none of the participants stated they were brought up with beliefs that actively shunned or dismissed the spirit world or an afterlife as a possibility, perhaps something that made their experiences of ADCs much easier to accept when they occurred.

4.6.2 Subordinate Theme Two: New or Changed Beliefs

Gabby struggled with her old beliefs, which did not account for the spontaneous ADCs she was experiencing. After she finally mustered the courage to have a one-to-one medium reading, she received validation of the spontaneous ADCs (her son came through via the medium), yet she admitted she still struggled initially with the reading because she was conflicted regarding the plausibility and reality of it:

That was the conflicting bit because one part of your mind thinks, 'this isn't possible. We live in a modern technology age. Everything can be explained scientifically.' But then again, you can't see the wind, can you? Or you can't see electric, but you know it's there (L232-235).

Here Gabby explained the conflict she faced, trying to accept something that she could not physically see, that was tangible. She pointed to the scientific paradigm that we live in, to

explain things that are difficult to understand. In pointing to the things that cannot be seen but are taken for granted as existing, such as wind and electricity, the implication seemed to be that we should not dismiss the reality of spirits and, therefore, ADCs. She pointed to the sense of sight/vision as not the only marker of whether something was real or not. She used the word 'you' to generalise her argument, outlining the debate that could have taken place in her head, but her use of language indicated this debate had been resolved for her; she was no longer conflicted, but understood how others may feel about it and empathised with it.

There seemed to be a sense of confusion in Gabby, and she decided to go back to a traditional church to see if this gave her any answers:

I did go to a normal church, but it just went over my head. It seemed hollow. Didn't seem as if I went to a memorial service for him and it just doesn't seem to hit anywhere with me. It was just kneeling, standing up and down, praising people for giving me, my son. It just didn't make any sense at all. No... It was more...that is more about worshipping god because he's your figurehead than worshipping, if you like, yourself and the reason why you're here (L250-258).

Gabby made it clear that nothing in the traditional church service resonated with her: "It just went over my head", which implied that she just could not connect with the service on any level. It felt hollow for her because she could not relate to the physical actions (kneeling, standing, sitting etc) that did not seem to have a rational or logical reason or link to the belief they were practising. For Gabby, the traditional church was more about the worship of God as a figurehead. Instead, Gabby wanted to celebrate her life (and her son's life) and the routines of a traditional church are too restrictive and dogmatic for her. She wanted the freedom to believe in what she wanted and wanted to feel something rather than 'hollow' like the church service. She continued:

That's the difference between the spiritualist church. It isn't a religion. It's a way of thinking, the way how you relate. It isn't the same as religion. People that go there for many reasons, bereavement is a big part, yes. (L258-260).

In comparison, in a spiritualist church, Gabby felt there was more about existential matters, looking, for example, at the meaning and purpose of our lives rather than just 'religion'. She felt that a spiritualist church is not the same as religion, and people attend it for many reasons, with bereavement being a major reason.

There's healing circles if you want to go down, you know, that way. So, I started to sort of get involved in the [spiritual] church that way. Yeah, you have this expectation when you go, a sort of excitement 'Will it be me? Will I get a message this week?' And then you have to realise that these other people who do get the messages probably need it more than you, and you come out on a high (L275-280).

The ADCs Gabby experienced led her to attend a spiritual church and become involved in 'healing circles.' She talked about the anticipated excitement one feels thinking that your loved one will come through the medium with a message for you. However, that is not always the case; you realise that others may need the messages more than you at that time, meaning you still leave feeling elated.

[Spiritual churches] have what they call their commandments as well, suppose, that, again, you pass on. You smile, you pass it on, you help, same sort of thing. But you're thinking of other people as well, you see, not just yourself. And as I said, it's free to go. So, nobody's going to fleece you. You just give donation like you do with the Church of England or whatever and you're not judged at all (L281-286).

Comparing a traditional church with the spiritual church, Gabby was keen to point out their similarities, such as donations, commandments and, smiling, passing on help to others, to ensure that one does not simply put themselves first. The word 'fleece' was used in particular to convey that there was no fraud or charlatans within this church (even though there were mediums giving readings), as Gabby was brought up to believe. Most importantly, others were not judgemental.

Thus, Gabby had found an alternative to her traditional church, which seemed to frown on her ADC experiences. A non-judgmental spiritualist church where she could receive messages from her son provided her with an ideal alternative that was in keeping with her new ADC experiences. She said about her ADC experiences: "I think it was absolutely amazing. I couldn't believe it. And then from then on, because my children then followed me into the spiritual way, I suppose a spiritual path, and they wanted to help people" (L323-325). Gabby was amazed by her unbelievable ADC experiences, which completely changed fundamental parts of her life. She attended a spiritualist church with her two daughters, who followed her faith and became committed to helping others. She discarded her old beliefs, which no longer served her and replaced them with new beliefs that embraced spontaneous and assisted ADCs with her son.

As discussed previously, Anna did not believe in going to any sort of church, but she did believe in an afterlife and had visited mediums with her family on several occasions. After her brother's death, she decided to attend a medium reading again:

When [the medium] was speaking, and because she was using the words that he [my brother] uses for terms, you know, how he says it, and then he...that's the feeling of his spirit. That was him, you know (L111-114).

Anna was convinced that her brother was communicating through the medium because the medium uses her brother's mannerisms and language, which she could not have known. While Anna's spiritual beliefs remained the same as before the bereavement, she felt she had evidence, because the medium used the same words or terms that her brother would have used. She felt sure that her brother was with them in spirit, communicating through the medium. Anna had always believed in an afterlife, but it seemed as seeing the medium gave her a continuing bond.

As seen previously, Jenny had a traditional upbringing in the United Reformed Christian Church but admitted to not being religious. When the medium said: "you were right about the end of the rainbow" (L143), it brought Jenny to tears. She commented that speaking to the medium provided a turning point for her, where she made a link between

something she had seen and a spontaneous ADC. It was the accidental telephone medium reading that alerted Jenny to the rainbows being symbolic ADCs. Following the medium reading, her mind became more open to the reality of spontaneous ADCs, as though her beliefs about their existence changed:

Life after death and all this kind of stuff, I never really thought about it, yeah, I suppose it completely changed my outlook on things, I suppose I was leaning towards a more – maybe I hoped that there would be more of a spiritual side to things, it made more sense to me I suppose, but this I would say completely converted me, yeah...I have absolutely no doubt, none whatsoever at all, like I say, I didn't go looking for this woman, I didn't – it wasn't like I'd spoken to her and called her knowing that that's what she did, it was just very surreal, and actually now thinking about it, and I never thought about it like this, but I'm probably one of the very lucky people for it to happen like that (L160-162 and L166-168).

The assisted ADC seemed to have given Jenny a reason to believe that her mother was actually somewhere else. Jenny did not instigate the medium reading, and everything happened by chance. There was almost a synchronicity about it – as she was not going to the medium, the medium came to her. Jenny was open to spirituality, even hoping for it, but the events unfolded in an unimaginable way. The words “it completely converted me” suggested that it was like a new religion for her. It was interesting that Jenny used the words how “surreal” (not real, unbelievable) it was and that she was lucky – which is counter to spirituality, where things happen for a reason. As luck suggests coincidence, it seemed she was mixing luck versus a belief in a design/plan (God's plan, perhaps). This indicated that she did not fully understand what happened, but completely accepted the spirit world because there was a feeling that it made sense to her.

As seen previously, Catherine had been brought up with spiritual beliefs and had visited mediums with her family but had put aside these beliefs in her busy adult life. However, after her husband died, she was inundated with spontaneous ADCs within hours of his death and sought a medium reading about 13 weeks after he died. The accuracy of

the reading was astounding, and she said: “It made me feel ecstatic. It made me feel there’s something there. You know, there’s 100% something.” (L154). She was quick to resume her old beliefs, those she had been brought up with, and keen to maintain a continuing bond with her deceased husband and started learning more about mediumship. The accuracy of the medium reading convinced her that there was “100% something”, although from the words she used, it was clear she did not know precisely what that “something” was.

Another participant, Veronica, who felt isolated after her son’s funeral, welcomed an invite from her niece to a medium demonstration. Her son came through the medium, which she said changed her perspective on the spirit world irrevocably:

It was only a very short 10-minute demonstration....so it was very short. The information gave me more in that 10 minutes I think, than years of therapy probably would have, plus how I felt about it, you know, so it sort of changed from say my whole outlook in as much as well now I can start believing these things...and I know he’s there, so if I do ask him for a particular sign, then I’m going to believe it because, you know, he’s right (L164 -167).

Veronica felt that the ten-minute reading probably gave her more than years of therapy, but of course, she cannot *know* this, as she had not had therapy. Even though it was a short reading, the content was so accurate that it was enough to change Veronica’s outlook, so she could start believing that her beloved son was somewhere in the afterlife. Interestingly, she stated she no longer looked for proof in the signs – she was going to believe them whatever happened. So, instead of evidence, these signs provided her with comfort, that she was not alone. Before the medium reading, she had questions and doubts, but afterwards, she seemed to have complete faith that her son could communicate via a medium and send her signs.

4.6.3 Subordinate Theme: Overcoming Obstacles

As discussed in the literature review, there can be fear of rejection, ridicule, stigma and prejudice surrounding bereavement ADCs (Steffen & Coyle 2010; Streit-Horn 2011).

While some friends and relatives of the participants believed in ADCs and/or the afterlife, others did not. The findings of this study showed that there were two cases (Gabby and Tina) in which the participants encountered rejection and scepticism of ADCs (spontaneous and assisted). Faced with this, these participants had not only to weigh up the attitudes of those around them but also reflect on what they were actually experiencing and how they wanted to move into the future. Both Gabby and Tina stated they were Christians, and as seen in the Literature Review, Christianity fosters belief in an afterlife. So, these participants could move into the future by taking their loved one with them via a continuing bond. However, both consulted a medium/s.

Gabby's obstacle was her former strict religious beliefs that decried mediums as fraudsters. She explained her feelings:

Me being a cynical person, in fact, I was a bit of an atheist, and I always scoffed at the idea of an afterlife. Something compelled me to seek [the medium] out... There's this attitude that they're going to fleece you. They prey on vulnerable people. So, that's in the back of your mind then if you've got a religious upbringing. It's just the evil spirits talking to you. But if these spirits are just giving you out a message of hope, something to believe in, what... where's the harm in that? (L99-102 and 187-191).

Gabby previously spoke about her Christian upbringing but here revealed that she was a bit of an atheist 'scoffing' at an afterlife (a loaded term that described her scornfully derisive or mocking attitude towards the afterlife). In addition, she also had to overcome the obstacle of the views of mediums that she was brought up with. "Prey on vulnerable people" was repeated twice, as Gabby recalled what she had been told as part of her religious background. Clearly, it made an impression on her and was etched in her mind, given the language she used, such as, "they're going to fleece you". The Collins English Dictionary (2022) defines 'to fleece' as when one obtains much money by tricking others or charging them too much. Thus, Gabby's understanding of 'mediums' was that they will demand a lot of money and trick people into believing that what they are saying is true. In addition, she believed that evil spirits communicated through mediums. These old beliefs are obstacles

judging mediums and the spirit world in general. However, Gabby seemed to have worked through these judgements and concluded that if these spirits only give messages of hope, where can the harm be in turning to them? Ultimately, Gabby wished the stigma of having medium readings could be removed: “Well, first of all, I wish the stigma would be removed from it” (L528).

Thus, Gabby had to challenge her own judgemental attitude and warnings regarding mediums passed on from her traditional church background. Perhaps this is why she pointed out there was no judgement attached to the spiritual church she began to attend – this lack of judgement was a relief to her. Tongue in cheek, she commented: “You know, there was no harm done. We didn’t run around nude stabbing virgins as a sacrifice. Well, people are so judgmental to things they don’t understand” (L555-557). In experiencing positive ADCs, and accepting them as a reality, Gabby demonstrated a refreshing sense of humour, pointing out the highly stereotypical images or conclusions individuals often jump to when considering things that they have little knowledge, experience or understanding of, such as ADCs. This also indicated she was aware of what others thought of her beliefs around ADCs and mediums, demonstrating the stigma she had to overcome.

Tina was also very aware that a lot of Christians she knew did not think that the dead should be contacted: “I know like a lot of Christians don’t really believe in that and like you shouldn’t really contact the dead...we’re Christians but we don’t go to church all the time (L288-289). She explained how she felt after her husband's death “[my husband] first went, I took a lot of comfort going to the church and just like really coped in there” (L290). Tina shared her medium reading experience with a religious churchgoer:

I worked with a lady who’s very, very religious, very religious,..when I told her I had a mediumship thing, she was absolutely horrified that I would do such a thing.. “You shouldn’t contact the dead.” And she believes that when [my husband] died, that he come and visited her and told her that to tell me that I would be okay, she had a vision of him... But when I said, “Oh, I’ve had a mediumship thing,” she was horrified, I mean like she couldn’t believe it (L291-294).

Here Tina described the conflict between the belief of many “very, very religious” Christians that she knew and her own beliefs, although she had the caveat that she was not a fully committed churchgoer (so perhaps does not feel so negative about contacting the spirit world). Tina emphasised that the lady she spoke to was very religious by repeating ‘very’ three times and ‘religious’ twice. Taken aback by the lady, Tina seemed surprised that she was so horrified by the medium reading, as though this lady’s spontaneous vision (ADC) from Tina’s husband was permissible (because it was spontaneous), yet Tina’s active search for a message via a medium was abhorrent. Perhaps the lady did not expect her own message to be somewhat belittled in comparison to Tina’s medium reading; what is clear, however, is that Tina was pragmatic and open-minded in her explanation (or justification) to the lady that, “they [the discarnate] did no harm on us, they couldn’t do no harm wherever they are now, they don’t intend to come and hurt you” (L304). This suggested that Tina was attempting to temper the lady’s judgement and can see the value of the communications for herself. She later explained this judgement further:

Perhaps not everybody believes it, and they think I’m a little bit mad, but doing it, I’m doing nobody any harm because it makes me feel more comfortable and I think it could get me through my day like when I have really, really bad day. It’s not doing any harm or anything else, is it? Do you know what I mean? Like I did feel like for me, I couldn’t figure anything better (L325-328).

Tina accepted that not everybody believes in medium communications, and those around her may think her insane, unhinged or non-conventional. However, she felt she was not hurting anybody, and at the end of the day, the communications provided her with a level of comfort that helped her get through even a really bad day. She repeated that she was not harming anybody because this was so important to her. There was a sense of believers versus non-believers. As far as she was concerned, she could not think of anything better than communicating with her husband. She asked, “Do you know what I mean?” (L327). Yes, I really understood what she meant. The medium readings helped her cope with the

overwhelming grief that each day presented, and as long as she was not hurting anybody, Tina felt she needed the connection to her husband provided through the medium.

Gabby and Tina specifically mentioned overcoming obstacles (disbelief, scepticism, and judgement regarding spontaneous and assisted ADCs), and both remained open-minded enough to accept their lived experiences, which afforded them a continuing relationship with their loved ones despite the opinions of others or perhaps the mainstream view. For them maintaining a continuing bond with their loved ones through a medium seemed to be a powerful coping method for their overwhelming grief, so much so that it was worth pursuing even in the face of adversity.

Some of the other participants did not mention specific obstacles, but there was a sense that they were very aware that there were believers and non-believers amongst their family, friends and people they knew. Anna felt that some of her friends were sceptical about ADCs, predominantly the men: "Yeah. Some of them are [sceptical]. Yeah, definitely. I mean, more the men, I think" (L194-196).

Jenny knew her brother did not believe but thought this may be down to gender. In addition, she felt it may be different if he actually experienced ADCs:

My brother doesn't believeI do sometimes wonder it's a male/female thing...he's very sceptical, but then he's one of these people that is like, you know, it would have to happen to him for him to believe it I think (L276-278).

Catherine was aware that her son wanted more evidence: "he's had his own spiritual experiences, but he says there's not enough proof for him still (L238-239) "But he's always looking for more proof, more evidence, I think (249-250)."

In the above examples, the obstacle was 'disbelief'. However, the lived experiences and accuracy of readings in this study meant that all the participants found the medium communications authentic and were not dissuaded by obstacles, whoever they came from.

4.7 Superordinate Theme Five: Reflections on Life and Death After Assisted ADCs

The bereaved participants needed to find ways to cope with their overwhelming grief, and the medium readings seemed to become part of that process as they created a continuing bond with the deceased. This final superordinate theme is 'Reflections on Life and Death After Assisted ADCs', which consists of three subthemes: 1) Finding New Meaning and Purpose in Helping Others; 2) Views about the afterlife and death and 3) Influence on the grieving process. The focus is on changes experienced by the participants after their medium reading/s.

4.7.1 Subordinate Theme One: Finding New Meaning and Purpose in Helping Others

After losing a loved one, it can be challenging to carry on with life as before, because things have changed so drastically. As we have seen, it is normal to feel unexpected experiences such as ADCs (Guggenheim & Guggenheim, 1995) as well as feeling a range of emotions such as denial, anger, guilt and/or disbelief (Kubler-Ross, 1991; Stroebe & Schut, 2010), which are processed over time. These feelings can be overpowering, but when the bereaved are able to survive their loss and accept their experiences as authentic, there is often an altruistic feeling of wanting to help others (Kessler, 2019; Murray et al., 2013). Four of the participants spoke about finding new meaning and purpose by helping others: Gabby, Jenny, Catherine and Veronica.

For instance, after consulting a medium, Gabby said she felt more positive:

You play your part in the world, and then you move on. Feel that her [sons] death hasn't been in vain. That's what [the medium] was telling me. Don't let his death be in vain. Don't mope. It's something good. If life gives you lemons, make lemonade (L245-247).

Gabby took the medium's words to heart and decided that her son's death would not be in vain. Furthermore, she would not let this devastating tragedy ruin her life but would use it to do something positive. The use of the imagery of taking lemons (something sour or bitter

that is not particularly pleasant) and turning them into lemonade (something sweet and refreshing, with connotations of a hot summery day, therefore very pleasurable) was powerful and a testament to her positive nature. She started to emerge from her 'zombie' state to tune into other people again:

I mean, I still missed [my son] dreadfully, but hopefully made me a nicer person that I began to feel a bit more empathy coming back in for people...But because [the medium] explained to me that [my son is] still developing and he's still happy, I felt more understanding and support there. Even though I didn't want to accept what had happened and maybe I couldn't alter the world, I could still play a part in it (L199-201 and L204-206).

Gabby felt her empathy "coming back". She had been so focused on herself and her grief that she had shut off the needs of others. The medium reading/s helped open a door so that the needs of others became important again, giving her a sense of reassurance that her son was continuing his trajectory, growing as he was, instead of it being "the end". It was as though her dreams had become more realistic, going from "I couldn't alter the world" to just playing a part instead. She found the good in all the bad /negativity of her son's death.

But then, if they just use it [Gabby's experience] for to get on with their lives and move on, then you've played your part in it as well. I felt I'd been there, I knew how it felt, and I could reach out to other people (L211-215).

Here Gabby talked about how she could reach out to other bereaved people because she knew what they were going through and shared her experiences with them to help them move on. This would be her playing her part in helping others. Once again, being in the world assumed greater significance to Gabby. However, she was mindful that other people may have different beliefs and values (and may not believe in ADCS) as she stated: "You've got to be careful when you first talk to people. You don't want to feel like you're pushing it onto them" (L221-222). Gabby found meaning and purpose in helping others.

Jenny admitted to caring about what other people think of her. However, this did not deter her from sharing her experience with others, including her neighbours:

...normally, if people ask about whether I believe because these questions come up, don't they, so I do, I just say I do. I explain the reasons why I do, and funny enough I have a next-door neighbour who had a very, very horrible tragedy happened to her husband last year. He died in a gliding accident, and she was in a very bad place. We got to the subject, and I explained to her about this, what this [the medium] had said (L239-242).

Jenny was keen to share her experience about the medium and admitted that she believed in ADCs. Jenny allowed others to make of it what they will, perceiving that if they find solace, that can only be a good thing. In this way, she was able to help others become more open to life after death.

I remember she text messaged me that night after I'd gone home, and she said you've actually given me comfort. I mean, I was just explaining what my experience was, but she said it had given her comfort, which was nice, really. I don't think she thought about it, I think a lot of people don't think about it and I think it opened her up to the possibility that was nice (L242-245).

Jenny seemed surprised to get a text from her neighbour later that night, saying it brought her comfort. Jenny downplayed what she had done, as she said she was just sharing her experience, but she felt good about it, providing comfort.

Jenny has brought up her children knowing about their deceased grandmother, being with them "in spirit," watching over them and singing 'Grandma's song': *Somewhere Over the Rainbow*. She wondered if she should be so open with her children: "I don't want to rub my values off so much, but I think it helps them knowing that people are watching over them" (L353-355). The medium reading had impacted Jenny's life so much that she possibly wanted her children to feel her mother's presence the way she does, as though her mother is playing an active role in her children's lives. For Jenny, sharing her experience with others that were bereaved, as well as her family members, became an essential part of meaning and purpose in her life.

For Catherine, too, the initial medium reading made a significant impact because it was so accurate.

It made me feel absolutely amazing. And these spiritual experiences I was getting with X [her husband] was so strong that I felt I've got to do something with this, you know. And I thought if I'm still here and he's not, you know, what's my purpose in life now? Luckily, after three years, I've got my purpose now. At the time, my purpose was learn to become a medium and to pass on messages to others who are in bereavement and give them some hope and some comfort for their loved ones(L155-159).

The spontaneous ADCs, followed by the assisted ADC, compelled Catherine to think about her situation. She was alive and her husband was dead. Was there a reason for this? And what should her purpose in life be? Initially, her goal was to train as a medium, which she achieved after three years. Then she could give the bereaved messages from their loved one that would provide hope and comfort.

So, I can't feel joy or happiness since my husband's passed, but I do get a feeling of joy and happiness when I've been able to give a short message; to me, that... yeah, you can't beat that feeling. You can't beat that feeling (L220-223).

It was interesting that Catherine could only feel pleasure when she is connected to the spirit world, as a vessel of communication for people that are bereaved, to see them so happy that they too have received communication. The mediumship training gave her the ability to help others in a way that had helped her. This was an amazing feeling for her, and she repeated "You can't beat that feeling" to emphasize the sheer pleasure she gained from working as a medium. She had come a long way from suicidal ideation after her husband's death to giving readings to bereaved people. She was able to pass on what has worked for her - healing after bereavement by communicating with the deceased's' loved one through a medium.

For Veronica, it had been an arduous journey of anticipatory grief for over ten years and then further grieving after the sudden death of her son. She used meditation and prayer to help her through the ten years of pre-bereavement, and, after her son's death, she used medium readings and the group Helping Parents Heal to support her, as well as to allow her to help others:

I was able to communicate with parents in the same position as myself, and I still remember, and I still receive a lot of support and can give a lot of my experiences now, and I feel like I'm a help as well, so it's a two-way street... A lot of parents in my group, they grow so much from this experience, you know, trauma can be a catalyst to grow (L330-332 and 360).

The Group gave Veronica invaluable support, meaning she was in a position to help other bereaved parents. There was a sense that Veronica felt the idea of 'give and take' is crucial for her. She had grown and could help others grow too. The Group was unique in that it focused on positive things, and parents could talk about the afterlife.

It doesn't focus on the grief. There are many grief groups out there, I didn't want to go to a grief group, and I didn't want to go over the death of my son. The day of his death didn't define him, there's so much more to him before and after, yet in a lot of grief groups, there's not that opportunity to talk about the afterlife... A lot of parents in my group, they grow so much from this experience, you know, trauma can be a catalyst to grow (L343-345 and 360).

Rather than focussing on grief and death, the group celebrated the life of the deceased and gave parents the opportunity to talk about their child's life and the afterlife. The focus was on grief healing. One of the carers at Veronica's workplace, doing a degree on post-traumatic growth, felt that Veronica was going through post-traumatic growth rather than post-traumatic stress. Veronica took this on board and thought that a number of parents in the group, including her, had grown after the loss of their loved ones.

Thus, various participants, notably Gabby, Jenny, Catherine and Veronica, specifically spoke about their desire to help bereaved others and found ways they could do this, predominantly through sharing their own experiences, especially surrounding ADCs. This added meaning and purpose to their lives.

4.7.2 Subordinate Theme Two: Reflection on the Afterlife and Death after a Medium Reading/s.

After the participants have experienced the spontaneous ADCs (all except Anna) and the assisted ADCs via a medium (experienced by all), inevitably, there was a process of reflection and taking stock of what they had experienced and what it all meant and how it fitted in with their pre-existing beliefs and lives. Gabby thought she was going crazy after the spontaneous ADCs, but after the assisted ADC via the medium, her outlook seemed to have changed:

And death is a terrible thing in one way. But on the other hand, I'm not so terrified of dying now, I don't think I am. But the spiritualism part of it helped me through the death of my son, how to approach the grieving, not how to prepare myself for dying. That's a different issue, really (L473-477).

Acknowledging that death was a terrible thing, Gabby felt that she may not be so terrified of dying. She seemed unsure as she said – "I don't think I am". It was almost as if she was trying to convince herself or consider her feelings towards her own death now. She felt that the spiritual aspects (ADCs) guided and supported her through the death of her son – whilst readily admitting that the death of herself and the death of others were very different things. Gabby overcame her old beliefs to consult a medium, which helped her cope with her loss, but she was pragmatic in her view of the afterlife, not entirely certain that it existed: "We [her and her son] could meet up again. But if we don't meet up again and he doesn't exist, it has still helped me through my pain" (L513-514).

For Veronica, death was a relief, a way out of the pain.

I think [death is] a great release. In fact, I have to contain myself sometimes when I hear that somebody has passed away recently because I just want to say, oh, thank God for them, because this world is quite difficult at this time. And if somebody is coming to the end of the line, why not choose to go now? Why hang around much longer? (L405-407).

She had experienced not only the pain her son had gone through over the years (as an addict) but her own anticipatory and post-death pain of grief. Consequently,

when she heard that someone had died, she thanked God because she understood how difficult life could be and was relieved, they were no longer in pain. She felt that if someone was approaching the end of their life, it may be better for them to die. For Veronica, death may well be preferable to life in some cases, but she knew this was not the common view. Her idea of death had changed after experiencing ADCs:

So, yeah, my idea of death has changed. I've got no fear of death. Not at all. And I talk to my parents about it a lot and they say that I'm the only one that they can talk to about it, especially my father because he's got my sister was hanging on to him for dear life, and he's 92, and he's struggling, and I'm there saying, you know, if you want to go now, you can go, you don't have to hang around like, you go if you feel like you need to go. So, my experience and feelings around it have definitely changed (L407-410).

There was a real sense that Veronica understood how difficult life's challenges could be. No doubt this was because she lived with her son's addiction for ten years. For her, death could be a release and better than the pain of living on and she was able to voice her views to an aged parent who was struggling to carry on probably because his other daughter did not want to let him go. The ADCs that Veronica experienced meant she no longer feared death and, in fact, felt she could give reassurance and permission to others, such as her father, to die. Veronica was very aware that her views of death had changed since her ADC experiences. She continued:

At least I know I'll see my son again. Yeah, so, no, no fear, which sort of is freeing. I think for us humans, one of our greatest fears is death, our own mortality...through the death of my son, it brings it into reality because nobody wants to talk about dying, you know, it's not something you sit around the dinner table talking about, so we're not prepared for it. We're not prepared for death. But there's nothing like death to prepare you for death (L413-419).

Veronica felt confident that she would see her son in the afterlife and losing her fear of death was liberating. Death was a subject Veronica never talked about with her family over dinner. However, now she could because there was a 'before and 'after' to her story of ADCs. Her son's death forced a preparation for

death, to inspect it in a way she had never done so before, as it did not form part of the tapestry of what it was to be human on a daily basis, given the fear most attach to it. Despite waiting for death for over ten years, she felt unprepared.

For Anna (unlike Veronica), death remained a frightening prospect even after the medium readings:

It does frighten me still. I think having the belief that your spirit does go somewhere; it does still frighten me about dying. I can't say I mean, 'If I die tomorrow, it's okay because your spirit goes somewhere else'...(L485-486)

Anna still found death scary, even if she did somewhat believe in the afterlife or spirit world, perhaps because it still contained a level of 'the unknown' for her:

If you're an atheist and you believed that there's absolutely nothing...you know that that...I think that must be so tough just to think this is your life. And then you drop dead, and there's nothing. It's what you leave behind, isn't it? (L485-486 and L491-508)

Yet Anna seemed to prefer the scary non-knowingness to the assured belief in the 'nothing' of atheism. Her reflection on atheism and subsequent rhetorical question, "It's what you leave behind, isn't it?" seemed to be Anna reasoning that the difficult part may not be going into nothingness after death, but the pain of actually what or whom you have had to leave behind – going forward without the familiar with you. Or perhaps, given that she had first-hand experience of grief, it was more about not wanting to inflict the pain of grief onto others.

In a similar vein, Tina openly acknowledged her phobia of death. Yet, unlike Anna, she seemed to find comfort in the existence of the spirit world, particularly surrounding the idea that her husband was waiting for her, so she would not be alone:

I've always been absolutely petrified of dying, it's one of my biggest phobias and fears, but since [my husband's] gone, and then obviously, I've had a couple of like, you know, conversations via medium with him, and I know that he's been waiting for me. I think now I'm just going to enjoy my time on earth and then when it's my time to go, I know he's been waiting for me... So, you know, no one wants to die, you know. I do know

that when I go that I will be with [my husband], and hopefully, as my children get older and like they might go with a medium, for them, I hope that when I go one day that they'll contact me so I can come back and give them the comfort that I found from [my husband] (L339-345).

Tina here wanted to pass on the comfort she found via a medium to her children when she herself died. Her words indicated that she found such a profound level of comfort when her husband died that 'for them', for their sake, she was keen for her children to also visit a medium in the future. Her reflections on her own death, therefore, suggested that her views had changed, in that her phobia (petrified of dying) has dissipated due to her experiences with ADCs, and she had gained some optimism that enabled her to want to enjoy her time on earth for what it was (and perhaps stop worrying about death in the meantime).

Jenny said she had not given spiritual matters much thought before the medium reading, but it "completely changed my outlook on things" (L159). Previously she was 'hopeful' that there would be something spiritual after death, but after the medium reading, she was completely converted to believing in life after death: "I have absolutely no doubt, none whatsoever at all, like I say I didn't go looking for this woman" (L166). As Jenny had no intention of contacting a medium, it seemed that possibly other forces were at work to ensure she had a reading. Sceptics would argue it was pure chance, but chance or not, it was enough to convince Jenny that there is life after death and that her mother was in spirit.

After experiencing the ADCs (spontaneous and assisted), Catherine believed her husband was with her in spirit, and of the existence of life after death, yet her fear of dying remained:

I feel fear dying, and I feel the actual physical death part frightens me. I suppose I've never looked at death before until [my husband] passed, and I looked at—you know, and I do look at death, and it does give me a little fear, yeah, it does, and I think it's more how we are going to die and that process of going over (L281-283).

For Catherine, the frightening part of dying was related to the physical process of how one was actually going to die (whether painfully or suddenly like her husband) and pass on

into the spiritual world. Previously she had not thought about death, but the bereavement probably caused her to inspect her feelings about death. In addition, witnessing the sudden and traumatic death of her husband in front of her eyes no doubt led to the fear of the physical process of dying:

Me doing CPR, I had actually kept a weak heartbeat going, a weak pulse going, but I felt he actually died here at home because he didn't breathe in that half an hour and, you know, his face was blue and grey, his hands were blue and grey (L9-11).

Physically carrying out the CPR and watching death turn her husband blue and grey must have been very traumatic and could have accounted for Catherine's fear of physically dying.

Some participants' views about death, dying, and life after death after they experienced assisted ADCs had changed, often becoming more positive (such as no longer fearing death), whilst others found that they still harboured old views and feelings regarding death (such as still feeling fearful of death). The findings showed that whatever their pre-existing beliefs, after the medium reading/s all the participants believed that their loved one was in an afterlife and that they could communicate through a medium. Gabby was pragmatic and sits on the fence: she hoped to see her son in the afterlife, but if that did not happen, she knew the medium reading/s helped her cope with her grief and live a life free of drugs and alcohol. Veronica felt that death was a release and was not frightened of death; Catherine was somewhat fearful of dying, but only surrounding the physicality of dying and transitioning to the next life. Tina vowed that she would enjoy her life on Earth, knowing that she will be with her husband, who would be waiting for her when she died. Anna believed in the afterlife but was still frightened of death, which she felt may be because she would have to leave loved ones behind. Jenny did not talk about how she felt about dying herself but was 'completely converted' to the view that there was a life after death and her mother was there waiting.

4.7.3 Subordinate Theme Three: Influence on Grieving

This section reviews how the participants felt after the medium reading/s and how this influenced their grief, if at all. All the participants had at least one medium reading. Five of them (excluding Jenny) had more than one reading, while others spoke of having them regularly (Anna and Tina). How they felt afterwards is important because it seems to be directly linked to how they related to others (being in the world) and how they were able to manage or cope with their grief.

Whilst the decision to visit a medium was difficult for Gabby, as was seen earlier, after the visit, she stated she felt “seven feet tall” (L157), wishing she had done it sooner.

These words suggested she felt larger than life and very different from the ‘robot’ or ‘zombie’ she had become after her son’s death. The medium reading had a profound effect on how she felt: “it helped me emotionally and spiritually” (L59). Her experience of the medium was, therefore, very positive: “even felt warm glow around me” (L 74) and “This was the first time I felt a connection with someone... He just came at me with this ray of sunshine” (L81).

Visiting the medium transported Gabby to a world of warmth and sunshine and camaraderie compared to before, when she felt isolated and cold. She confirmed that she “still missed him [her son] dreadfully” (L195). When the medium explained that her son was “still developing and he’s still happy” (L200), her feelings seemed to change, as she gained a sense of closure and support to face life with her grief instead of getting rid of it completely:

I think I just took what was available to me, try and help me to get through my grieving process, which I’m still grieving now, but it’s been that long. I can now talk about it...I mean, that is really, really important that it’s actually helped come to terms with the inevitable grief, which will always be there, but how to deal with it on a daily basis... (L241-243 and L515-517).

Gabby made it clear that time was a healer, although, despite the amount of time that had passed, she still experienced grief. Yet the readings had a significant impact on her grief, reducing it to the point that she could now talk about the bereavement. Yet Gabby was also aware of the potential dangers of too many readings:

The danger is, of course, that you don't start to live your life yourself, you start to go from one message to another all the while. But again, if it keeps you off the drink and the pills and suicidal thoughts, then it's fair (L538-541).

Gabby pointed out the dangers of a bereaved person becoming addicted to readings and living life from message to message rather than living life to the full. While this was not desirable, Gabby felt that if medium readings kept the bereaved from undesirable behaviours, such as alcohol abuse, medication and suicidal ideation, then it was justified. There was a real sense that she was speaking from her own traumatic experience of losing her young son suddenly:

I think it's particularly when you've got a bereavement that's so traumatic, you know, coming to terms with that is so difficult. You do have bad luck in your life as I say with illness, losing a job, divorce. But they're problems you can find a solution to. But grief is something...a death is something you cannot...you cannot bring that person back.... As I say, through a spiritual way, you can have thoughts of them, and memories of them in a nice way (L562-568).

For Gabby, traumatic grief following a sudden death was difficult to cope with because there was no solution – a dead person cannot be brought back to life, unlike other life problems (illness, unemployment or divorce), where a solution can be found on some level. By connecting spiritually with a loved one, it was possible to continue having thoughts about them (a continuing bond), as well as enjoying positive memories of the past. Yet while this had helped her grieving process and the ability to cope, it did not erase the grief itself.

Anna had mixed feelings about how she felt after her medium readings and the influence they had on her grief:

I think it helped me. It was good just after the...it would lift you up, and you'd think, 'Yes, great. He's doing all right.' Da-da-da-da. But then, a few days later, he's still not there. He's still missing, so it did hurt. It stopped the worrying about how he was doing, but it didn't make it really feel any better that he wasn't here, if you know what I mean? (L140-144).

While confirming that the medium readings helped her and immediately raised her spirits, Anna described this feeling as fleeting, with the pain of her brother's absence returning shortly afterwards. Anna's rhetorical question: "if you know what I mean?" struck a chord with me. I think she was checking to see if I understood what she was saying, and I did – she may have felt high after the readings but a few days later slumped to a low as the reality set in that he was still dead and not around:

[A] very short term fix, you know. And every three months, you might get that short term fix again that you start, you know, there's not a day go by that I don't think about him (L146-147).

It sounded like Anna was describing an addiction. A reading gave her a "short-term fix", an initial high boost, which wore off over three months, and she was back to square one, wanting another reading. She still thought of her brother every day and described the grieving process as:

It's still difficult. It's still very difficult. So, whether it helps, I don't know. So, how do I...if it helps with the process, no, I don't think it makes it easier, which is a certain aspect you get a little snippet, and you're back again, I think (L148-149).

Anna seemed unsure as to whether or not the medium readings really helped her. She called them a short-term fix and later don't know". She confirmed that "it's still difficult" [coping with her grief], repeating it twice as she took stock of her feelings. She felt the readings did not make it easier in the long run; rather, the small amounts of information/communication received from the medium ("snippets") may help, but only temporarily, given the constant reminders that exist daily that her brother is no longer alive:

[Death] changes everything. It's changed...and it changes Christmases. It changes birthdays. It changes Mother's Day, Father's Day. You know, there's always something every day. It just changes because that person's not there anymore, as you're constantly reminded of it. And I don't think it gets any easier (L171-173).

For Anna, therefore, every day, there was a reminder that her brother was no longer around. Special events were different without him, and constant reminders of him did not make it easier to bear the grief. Thus, the readings may have helped in some small, temporary way, but the impact of grief is far-reaching, pervasive, and long-term, and the readings did not assist her in dealing with this type of permanent, omnipresent grief. Anna felt completely impotent because there was nothing she could do to bring her brother back or resolve the issues around his children. In her final reflection on her grieving process, Anna was philosophical:

And I think going through this grieving process, I think, God, somebody else is going to have to go through that. Somebody that you love is going to have to go through the same grieving process, you know, as what you've gone through. But that's life, I suppose, and death, isn't it? (L510-512).

Anna seemed to be using God's name as a powerful term to indicate the power of her realisation that the pain she suffered while grieving for her brother was what other people (all people) experienced when they lost a loved one. This reflection seemed to lead Anna to a sense of the circle of life. The pain of grief was the price we paid for loving people when we are alive. She ended with a rhetorical question, "isn't it?" drawing me, the researcher, into her world of life, grief and death – of what it means to be quintessentially human, each one of us connected by this very same process. Yes, we all went through a grieving process when we lost a loved one, but each person's grief was unique to them.

Explaining whether or not the medium reading had any impact on her grieving process, Jenny said:

Yeah, it did, but I think it's helped as times gone on more high and low because ...[Pause] I remember someone saying to me, you'll never get over it, you lose and live with it, and I suppose as time goes on and the grief, it's like riding a wave, and I remember watching a programme about grief and how it comes in waves and peaks and drops, and you know, and then once you do get to the calmer waters you are able to steer your boat I suppose a little bit better (L174-177).

Jenny used powerful imagery, a simile “like riding a wave,” to describe the waves of grief and despair as they undulate high and low within her. For her, the medium reading (the only one she’s had) helped her more as time progressed, as she learned to live with her grief. The image of the sea, of her grief (or life?) as a boat, with herself at the helm steering it over the waters and waves as they came and went, evoked the idea of grief being a natural process, sometimes with calmer waters and peaks and troughs that must be navigated. It was as though she accepted that she was the captain of her ship, the only person who could control how she acted and what she did, even if the grief could not be controlled.

But I think knowing that in my view, knowing that she is there, I don’t feel - I can’t explain it, I think like those who have died, it feels very final, and it did feel final, and I think the reason it felt final was because I wasn’t going to see her again, I wasn’t going to hear her again, I wasn’t going to smell her again, I wasn’t going to touch her again, but as times gone on and you forget about those things, you forget about smell, the voice, I mean not that I really do forget about her voice, but they do get - those moments get less and less, but because of this situation and this experience, I suppose what happened was I had something else to focus on to...[pause] to keep me going (L177-182).

For Jenny, it seemed the most crucial thing the medium reading gave her was hope. She found it difficult to express how she felt about death but was able to say it felt ‘final’ and repeated this word three times, emphasising that it really felt like the end. The intense love for her mother came across as Jenny recalled how she thought the loss of her mother was final because she would never see, hear, smell or touch her mother on Earth ever again.

As time passed, important things could become warped. While in reality, Jenny could never forget her mother’s voice, there was a sense of loss as the passage of time started to erase memories. After the medium reading, Jenny could put the ‘finality’ of death to one side and instead focus on her mother living in an afterlife. This, she seemed to assert, kept her engaged in living life: “It’s helped more as times gone on, because the longer she’s [her deceased mother] away if I didn’t have this, whereas now I’m just like, well she’s there, she’s there, so it does - yeah,

and it will continue to help me” (L333). The medium reading, therefore, seemed to play a significant role in Jenny’s ability to cope with her grief because she believed her mother was in the afterlife:

[The medium] could’ve said anything but just that [reference to rainbows], I remember that conversation like it happened an hour ago, you know, and it’s nearly 15 years nearly as well, yeah, nearly 15 years ago and I can remember like it was yesterday (L336-337).

Even though it all happened a long time ago, it was something Jenny would never forget.

For Tina, it was important to have regular medium readings every few months.

Looking back, she recalled:

So, whereas at the very, very start, I’m thinking like I can’t carry on life without him, like how I’m meant to carry on, I’ve now got him in my mind saying, “Well, come on, Tina, you know, pull yourself together and get yourself through it” (L158-159).

Her husband, in spirit via the medium, supported Tina so that she could function properly and look after their children. His advice was invaluable.

Other participants felt an intense elation on receiving the reading. Catherine, for example, said she felt “ecstatic”. Yet despite this initial feeling, in relation to her grief, Catherine commented:

It doesn’t change the grief and how you feel. It offers you comfort knowing they’re there [in an afterlife], and it put it into place with all my spiritual experiences and then getting that confirmation through like a medium... it offers you comfort knowing that for some people who don’t have an understanding of the spirit world think, oh, once you’re dead, you’re dead, you know, and this is giving you proof that there is existence once you are out of the physical body (L199 and L202-204).

Catherine seemed to benefit most in terms of the evidence or proof she gained of the spiritual world and the comfort she derived from that. It was as though Catherine was part of a secret club that knew the truth/reality that there was an afterlife after all. Despite putting things into place, suggesting there was an explanation, tying up loose ends and getting closure, the grief still did not change. The pain still remained,

because at the end of the day, you could not bring back the dead in the way they were before, and perhaps the fact that they only came back in spirit was a stark reminder that they could not come back in their previous form.

For Veronica, the medium readings had a significant impact: “It changed the whole dynamics of my grieving process, it was...or definitely, there’s no doubt in my mind” (L135). She added, “the information gave me more in 10 minutes, I think, than years of therapy probably would have” (L164). In 10 minutes, she found out that her son was well in the afterlife, had not committed suicide, forgave her and could see her in real-time. In comparison, the focus of therapy would be working through her grief. She summed up how she felt: “I was happier, I was happier. I was a lot happier” (L171). She repeated ‘happier’ three times because the word completely summarised her emotions after the readings. She said she was happier in the past tense, but there was a sense that she was still happy knowing her son was watching over her.

Thus, the readings all appeared to have an impact on the participants, yet the extent to which there was a positive impact was difficult to ascertain in some cases. Gabby felt her grief would always be with her, but the readings helped her cope on an everyday basis. Anna felt the readings helped, but each one was a ‘short-term fix’, and she still missed her brother. For Jenny, the readings gave her hope and it helped to know her mother was in an afterlife and not just dead. The readings played a crucial part in Tina’s life, helping her cope with everyday grief, and her deceased husband’s advice made a significant impact on the well-being of their family. Catherine felt the readings provided her with comfort, although she still felt grief. For Veronica, the readings changed the dynamics of her grieving positively, and she was happier knowing her son was in an afterlife.

Overall, therefore, the medium-assisted ADCs had a positive effect on the grieving process of the participants in this study. They provided answers, comfort, motivation and advice regarding carrying out everyday tasks. While all of these impacted positively on the grieving process, one participant felt it was only a “short-term” fix (Anna), while others said their grief had not ended and they would always miss the deceased. Knowing that the deceased was in an afterlife comforted and supported the participants

that previously thought death was 'the end'. Even those whose beliefs supported an afterlife benefitted because they felt they had evidence after the medium reading/s. One of the most important factors experienced by the participants was bilateral communication, which enabled them to ask the deceased questions, albeit through a medium. Advice (unrequested) was also freely given by the deceased through the medium, which particularly helped Tina. The deceased in some cases intimated that they could see what was happening on Earth and would keep a watchful eye on those left behind. Participants experiencing this felt they were no longer alone or isolated and could use their experiences of ADCs to help others, re-establishing meaning and purpose in their lives. The medium reading/s resulted in profound change and even growth for some participants. The journey of grief had not been easy for any participant, but they all benefitted in different ways. Even though grief had not been eliminated from their lives, there was a sense that their lives were constantly moving forward positively around their grief. This is explored further in Chapter Five, which discusses the findings in more detail by relating them to existing research and literature on death, bereavement, grieving and ADCs through a medium.

Chapter Five: Discussion and Conclusion

When death is near, then, it seems that many in our society struggle with two sides of this existential dilemma, that is, whether to fight on strenuously...or to attempt to bow out gracefully with the acknowledgement that meaningful life is essentially over.

- Kleespies (2004, p.11)

5.1 Introduction

This research aimed to investigate if and how assisted ADCs (via medium readings) influenced the grieving process of six bereaved participants (positively or negatively). This chapter discusses the findings in light of the literature to impart greater depth to the findings where appropriate (Smith et al., 2009). The findings are framed by the context in which the study was undertaken, as well as the shifting attitudes towards death. One recent shift includes the Covid pandemic, which rendered death more of an everyday occurrence, discussed more frequently and openly (Vos, 2021). The enormity of the numbers who have died in the pandemic challenged people's being-with-death (van Deurzen, 2021), and 'remote funerals' meant that family and friends could not bid their loved ones a final, personal farewell, generating a significant impact on people's mental well-being (Vos, 2021). Implications for the future are subsequently considered in this chapter.

5.2 The Research Question

The research question for this study was:

How does consulting a medium after bereavement influence the grieving process?

In the present study, all the participants had a medium reading at least once, and they all spoke about it as a positive experience because the medium was able to describe and divulge information about the deceased, which the bereaved participant was able to recognise and confirm. This generally had a positive impact on the participants' grieving process, consistent with various studies (Beischel, 2010; Loetschert, 2014; Nowatzk & Kalischuk, 2009; Steffen & Coyle, 2010;). Many of the findings support that of Loetschert's (2014) study; whilst the different methodologies

meant the two studies identified different themes, there were several overlaps where the content is similar. See Appendix H: Comparison Table of the two studies. For example, the third theme in Loetschert's (2014) study was Emotion/Feeling. In the current study, the first superordinate theme was Pain and Loss – Living with Grief after Bereavement, which included emotions and feelings. In the Loetschert (2014), theme seven was 'the role of the medium', while in the current study, superordinate theme three ('The Unknown'), looked at both spontaneous ADCs and medium readings. Thus, there were some similarities in the themes found, due to the bereaved experiencing a similar phenomenon which helped them to cope with their grief.

However, in the Loetschert (2014) study (most similar to the current study), it was stated that 'to allow for a discussion on clinical implications of mediumship readings in the human grieving process a different methodology and design would have been necessary' (p.93). This phenomenological study looked at the essences of the lived experience and was not well equipped therefore to explore the clinical implications of medium readings on grief. However, the present study can make some tentative clinical implications based on the participants' experiences in this study, given that they all spoke of the positive impact that medium-assisted ADCs had on their grief.

The significant differences between the current study and Loetschert's (2014) study (see Appendix H), including in the conclusions reached, thus naturally underpin why the present study can make recommendations for clinical counselling practice, whereas Loetschert (2014) did not feel able to. This study has reached different conclusions for a variety of reasons, not least due to the different methodologies used. For instance, Loetschert (2014) used descriptive phenomenology (Husserl 1927) to analyse the interviews, while the current study used IPA which focuses on interpretation-the double hermeneutic.

For Husserl (1859-1938), phenomenology suspended all suppositions, was related to consciousness and was based on the meaning of the individual's experience (Cresswell, 1994). He developed descriptive phenomenology by which one could describe conscious experiences or phenomena and bracket any biases (Idczak, 2007). On the other hand, Heidegger (1889-1976), a student of Husserl, rejected epistemology (theory of knowledge) and adopted ontology (the science

of being) and developed interpretative phenomenology by extending hermeneutics (Cresswell, 1994) and studying the concept of being-in-the-world rather than knowing the world. Hermeneutics moved beyond the description of the experience to find embedded meaning (Lopez, 2004).

Fundamental to Heidegger's interpretative philosophy is that, as humans, we are embedded in the world, and the researcher should not negate their prior understanding of the subject. In fact, bias could be considered advantageous (Reiners, 2012). Heidegger believed that bracketing was not necessary because hermeneutics presumed prior knowledge (Dahlberg, 2008).

Through hermeneutics, it became possible for me to access the bereaved participants' cognitive inner world and to explore how they ascribed meaning to their experiences and how this, in turn, affected their grieving process. Utilising hermeneutics meant that my interpretations were at the core of the findings and emerging themes and that these would likely differ if other researchers used the same interview transcripts. However, in the Loetschert (2014) study, 'descriptive phenomenology' established themes and 'essences' that would likely stay the same even if different researchers replicated the study. Thus, the conclusions reached in the two studies are likely to be different.

Comparisons between the Loetschert (2014) and present study (Appendix H) has provided invaluable insights and revealed that since 2014, the study and acceptance of ADCs has progressed somewhat. Similarities included that both studies involved female participants who felt satisfied with their medium reading/s; both involved participants with varying experiences of attending medium demonstrations or readings and the accuracy of the readings was important to participants in both studies. Participants in both studies could recognize their deceased loved one from the information proffered by the medium, and they felt the information was real and from the deceased. Some participants in both studies felt people would think they were crazy or mad if they talked about the ADCs and therefore shared their experiences selectively. Yet differences (other than the methodology) contributed to the different outcomes. The Loetschert (2014) study took place in the USA using certified Windbridge mediums, while in the current UK study the participants used a medium/s in the public domain or that were recommended by others.

The current study therefore does corroborate findings from Loetschert (2014) and other

studies (Evenden, Cooper & Mitchell, 2013; Walter, 2006) insofar as confirming that assisted ADCs can be a source of comfort, advice, forgiveness and support for the bereaved participants on their grief journey. However, the participants in the present study go further by raising issues that are not considered in the Loetschert study, including: importance of bilateral communication; meaning and purpose; post-traumatic growth; and the importance of multiple means of support (Team Around the Bereaved) which are discussed next.

5.3 Influencing Grief and Beyond

Bilateral communication (two-way communication) via the medium meant that participants could not only receive advice (Tina) from the deceased but, more importantly, answers to their burning questions (Gabby, Anna, Veronica, Tina and Catherine). This enabled them to resolve unfinished business (Anna and Veronica) and seek forgiveness (Anna and Veronica) in line with previous literature regarding ADCs (Hayes et al., 2008; Klass, 1992; Klass et al., 1996). In addition, these communications seem to have an instant impact on beliefs and provide a coping mechanism for the bereaved (Krippner, 2006). In accordance with the literature (Elsaesser et al., 2020/2021/2022; Lovgren et al., 2017), some who felt overwhelmed by their grief turned to religious/spiritual beliefs. Belief in an afterlife can also help with depressive mood (Higgins, 2002). Hays and Hendrix (2008) found that physical well-being, psychological well-being, and meaning-making are essential when coping with loss. Faced with bereavement existentially affects every dimension of our being (van Deurzen, 2010; see section 5.6), so it is no surprise that the bereaved may turn to mediums who, in their perception, despite the lack of scientific evidence, offer answers no one else can.

Some participants (Anna, Tina and Veronica) felt they were being watched over by the deceased which was particularly important because it reassured the participants of continued life after death, indicating that the deceased could see and support them. These findings support much of the literature (Guggenheims, 1995; Nowatzki & Grant Kalischuk, 2009; Rees, 1971; Steffen & Coyle, 2010; Walter, 2006).

5.3.1 The Importance of Support

The findings showed that intersubjective support, personal and professional, was crucial during bereavement. While most bereaved are supported by family and friends initially, there are those, such as Gabby, who did not have support at home; her assisted ADC thus opened a door to a different support network in a spiritualist religious community (as found by Lichtenthal et al., 2010).

GPs and MHPs are often the first port of call for the bereaved, as they were for some of the participants in this study. There was a real sense that Gabby felt let down by her GP, who expressed 'disbelief' when Gabby spoke about her spontaneous ADC experience, leading her to seek other community support; this aligns with other research regarding the experience of individuals that have had ADCs, leading to many researchers (e.g., Beischel, 2019; Drewry, 2003; Guggenheims, 1996; La Grand, 2005; Sanger, 2009) urging MHPs and GPs to understand that spontaneous ADCs are a fairly common occurrence and can have positive effects on grief.

Other participants (Tina and Jenny) felt they needed medical treatment for their grief (antidepressants). At the time of the interview, Tina was hoping to wean herself off gradually, and Jenny (15 years after the bereavement) still felt that she needed medication because of her 'chemical wiring'. Whilst there is a paucity of literature in this area, there are trials taking place on the use of selective serotonin reuptake inhibitors (SSRIs) in conjunction with or without psychotherapy in the treatment of complicated grief (Bui et al., 2012). The literature is clear that not all bereaved need professional support, but the present study indicates that one form of support was insufficient for the bereaved participants. They needed a team around them, potentially including: support from family and friends; support from MHPs; support from faith groups (including Spiritual/Spiritist centres and mediums); support from counselling charities, the NHS and private practice; and support from specialised bereavement groups (e.g. Helping Parents Heal).

5.3.2 Importance of Finding Meaning and Post-Traumatic Growth

Participants found meaning and purpose through helping others with their grief, volunteering at healing/grieving clubs (Veronica, Gabby), sharing their ADC experiences (Jenny, Gabby, Veronica); donating the deceased's organs (Gabby) and even re-training to become a

medium themselves (Catherine). This supports Meaning-Management Theory (MMT) (Wong, 2005a), which predicts that a sense of meaning, and purpose is the best protection against the terrors of life and death, and Kessler's (2019) view that finding meaning after the death of a loved one enables one to reach out and help others (Kessler, 2019).

As discussed in the literature review, intersubjectivity is paramount because it is the interactions between people (personal, professional and religious/ spiritual) that help them make sense of their experiences in all four existential dimensions, while also learning from the experience of others. The literature suggests that amidst profound loss, there is an ability to work effectively with contradiction (Daloz et al., 1996). Human potential can transform a personal tragedy into achievement (Frankl, 1963) by bouncing back after a traumatic experience that challenges their core beliefs (such as those possessed by Gabby regarding death/the afterlife), ultimately leading to post-traumatic growth (Taku et al., 2022).

5.3.3 Hope: A Bridge to the Future

Hope was communicated by all the participants, as they perceived they would see their deceased loved ones again one day in the afterlife. This aligns with research from Devers (1997), La Grand (1999) and Drewry (2002). In Devers (1997), for instance, hope was described, 'as a healer', providing comfort and a 'bridge to the future' (p. 149):

Because the deceased so often return with messages of peace and comfort, fear [and negative traits of bereavement] is replaced with joy in knowing that the survivor will once again be reunited with the beloved after death and that their union will be joyous and peaceful (Devers, 1997, p. 150).

In this study, the experience of assisted ADCs was overwhelmingly positive regarding how it impacted the grieving process (although this is not always the case, as seen in the literature review), generating a positive experience in different ways, whether through resolving unfinished business, answering questions, giving advice or watching over the participant. Humans may struggle with nihilism and mortality because of the existential drive to survive. The Terror Management Theory (TMT, Solomon et al., 1991) discussed in the literature review states that we

cope with the inevitability of death by having faith in the absolute validity of our cultural worldviews and self-esteem that lives up to the values in our worldview. Humans have developed an 'anxiety buffer', which includes strategies such as assuming we have a long life ahead (Tillich, 1967); achieving immortality through fame (Baumeister, 1991; Becker, 1973); and/or belief in spirituality, God, and an afterlife (Baumeister, 1991; Yalom, 1980).

Belief in assisted ADCs could be an extension of the latter and preferable to the experience of grief, depression and 'not knowing' where your loved one is. As TMT posits that 'fear of death lies at the root of important psychological motives' (Pyszczynski et al., 2015, p.4) this could certainly account for millions of people worldwide who consult a medium. Fear of death was not a prominent part of the Loetschert (2014) or current study; nevertheless, in the former study, some participants felt they feared death less after the medium reading. In the current study, while one participant welcomed death, the others still feared different aspects of death such as the physical process of dying or leaving loved ones behind.

Thus, while the participants had very different experiences from the medium reading(s), their experiences, in general, provided a sense of comfort that their loved one was in an afterlife or acted as a coping mechanism for the bereaved participants, findings that align with the findings of various studies (Beischel et al., 2013; Beischel et al., 2015; Beischel & Schwartz, 2007; Hageman et al., 2010; Kelly & Arcangel, 2011; Klas et al., 1996; Loetschert, 2014; Roy & Robertson, 2004).

Those that still experienced ongoing grief after a medium reading tended to either convey that time was also a healer, in that whilst they still missed and grieved their loved ones, they became able to talk about them (Gabby), or that whilst the medium readings helped with managing grief in the short-term, these readings needed to be repeated (Anna and Tina).

While the ADC experiences were positive for all the participants in this study, some participants continued to experience some negative emotions surrounding their grief, which can be related to various grief models. For example, for Gabby, Anna and Tina in particular, whilst they acknowledged that the medium reading/s helped with their grieving process, they also indicated that their grief did not diminish over time, which aligns with the Tonkin Model of Grief (1996), where the grief stays the same size, but the bereaved build their life around it.

Other participants appeared to experience different parts of the various grief models; for

example, Anna particularly spoke of working through a feeling of anger with her deceased brother over his drunk driving accident, which ostensibly appeared to align with the Kubler-Ross stages model (1969) (such as the anger stage), despite this model being largely discredited in academic circles today. Nevertheless, this stages model did appear to fit the experience of Anna in particular, and bereavement counselling charities such as Cruse still refer to it on their website, indicating that it may reflect the lived experience of bereavement for some. The medium reading appeared, in particular, to reduce – end, even resolve – this feeling of anger for Anna, because the ADCs she experienced allowed her to address ‘unfinished business’ with her brother via bilateral communication.

Some participants also spoke of their feelings of ‘guilt’ which is not mentioned as a particular ‘stage/phase’ in the various models but is mentioned by many bereavement writers as an emotion often felt by the bereaved (James & Friedman, 2009; Parkes & Prigerson, 2013; Stroebe et al., 2008; Worden, 2000). Worden (2000) particularly looked at guilt after a sudden death, stating sudden deaths are more difficult to grieve as they are without warning and often accompanied by a strong sense of ‘if only...’ (p. 98) and an overwhelming feeling of ‘helplessness’ (p. 99). Feelings of guilt and self-blame during bereavement can occur together with anger (Parkes & Prigerson, 2013). In this study, anger and guilt experienced was resolved through bilateral communication with the deceased via the medium (especially in the cases of Anna, Tina and Veronica). Even though there is ‘a paucity of literature that integrates research on [ADCs] of the bereaved with current grief models’ (Parker, 2005, p. 260), there is now recognition amongst the mainstream grief therapy community that such experiences are helpful in the grieving process (Klass et al., 1996; Parker, 2005). It is suggested that the bereaved would benefit from unpacking their emotions (such as anger and guilt) with an existential ‘ADC Aware’ counsellor.

5.4 Being-with-Death and Perceptions of an Afterlife

5.4.1 Being with Death

While fear of death was not a prominent feature in the current or Loetschert’s (2014) studies, some participants in both found ADCs reduced their fear of death. In the current study,

while one participant welcomed death (Veronica), others still feared the physical process of dying (Catherine) or leaving loved ones behind (Anna). The TMT (Solomen et al., 1991) indicates the terror of death can be reduced by cultural world views. In the current study all the participants effectively used their beliefs or change of beliefs to alter their Being-with-death. Krause (2011) found that death anxiety was lower among individuals who reported having contact with a deceased loved one and Penberthy et al. (2021) found that there was lower death anxiety among older people who interpreted ADCs from a religious perspective, as they provided evidence of an afterlife (also found by Kwilicki (2011)). Nowatzki and Grant Kalischuk (2009), for instance, particularly looked at grief before and after post-death encounters, which 'suggest the existence of an afterlife and establish a bond with the deceased. [They] can have a positive and therapeutic effect on the griever and can be an important part of healing' (p.103). They also reported that 'post-death contact seemed to lend meaning to the participants' losses, and a sense of connection to the deceased played a prominent role in healing and personal growth' (p. 107). This was the case for all the participants in the current study.

5.4.2 The Nature of an Afterlife/Next World

In the current study, all the participants were Christian or described themselves as 'spiritual'. They all believed there was an afterlife post-medium reading, regardless of their religious/spiritual beliefs before bereavement, supporting Elsaesser et al. (2020/2021/2022). The latter studies found that anyone, including atheists and agnostics, could experience spontaneous ADCs. While religious beliefs only increased slightly after the ADCs, they strongly reinforced spirituality and respondents' belief in life after death increased from 68% to 92.8%. However, the researchers noted that none of the respondents mentioned the afterlife. In the current study, Anna's deceased brother reassured his sister that he was settling into the afterlife and could play his favourite sports (bowls, fishing) as his multiple sclerosis had disappeared. He could take a bath and have a choice of clothes. These novel findings about the afterlife were likely facilitated by the IPA methodology, encouraging participants to respond openly and in detail about their assisted ADC experiences.

5.5 Implications for Counselling

5.5. 1 Medium Reading versus Traditional Grief Counselling

By consulting a medium, participants obtained definitive answers to their questions (about the deceased), unlike grief counselling, which places focus on an individual's own feelings of loss, sitting with their grief and the 'not knowing' regarding unanswered questions. Mediumship and grief counselling, therefore, provide very different experiences for the bereaved, although, for some, they may have similar outcomes (regarding grief reduction). Bocuzzi and Beischel (2011, p.234) suggest that instead of looking at the authenticity of communications, researchers: 'may instead choose to focus on the experiences, psychology and motivation of the operators: the meaning and content of the communication; and how the communication impacts the lives of those who receive it'.

The results overwhelmingly suggest that medium-assisted ADCs have a positive impact on grief, supporting previous research. This carries certain clinical implications, particularly regarding whether assisted ADCs could be considered as 'an alternative therapy'. Loetschert (2014) did not definitively suggest assisted ADCs should be promoted as an alternative to TGC, stating instead that, 'the bereaved individual is challenged with deciding if this type of service is in congruence with the personal Weltanschauung and how it fits into the belief structure' (Loetschert p. 94). Since the Loetschert (2014) study, more research has been carried out globally on ADCs (spontaneous and assisted), bereavement and grief. The Elsaesser et al. (2021/22) research has concluded that spontaneous ADCs can help heal grief and Dr Jan Holden (2022) in the USA has shown that alternative therapies like IADC (using EMDR) can be more effective than TGC in reducing grief after bereavement. Other studies such as Beischel, Mosher and Boccuzzi (2014/2015) showed that participants had a greater reduction in grief after a medium reading (than counselling with a therapist) when focusing on cultivating a continuing bond with the deceased. In stark contrast, standardised, routine post-bereavement interventions focusing on loss and separation for the bereaved can be ineffective (Currier, Neimeyer & Berman, 2008; Jordan & Neimeyer, 2003; Larson & Hoyt, 2007; Raphael et al., 1993; Parkes, 2002). Standardised counselling may be ineffective as individuals grieve in different ways and need personalised, tailor-made interventions (Klass, 2018).

There may be discord between grief researchers and service providers (Breen & O'Conner, 2007) and some theories/interventions to assist grief depict a linear pattern of bereavement that does not take into account individual, cultural or developmental differences (Currier et al., 2008). Perhaps therefore there is a place for both medium readings and personalised counselling to assist the bereaved struggling with grief.

5.5.2 Counselling Support in the UK

Given the demand from bereaved individuals for counselling support as they cope with their grief, and the increase in the number of bereaved turning to medium readings (possibly due to the ineffectiveness of counselling, as was the case for Anna, Tina and Catherine), it is clear TGC needs to adapt to acknowledge the reality and potential benefits of assisted ADCs in grief reduction. Beischel et al. (2014/15, p.190) posited some ideas for the future suggesting a scenario in which accredited mediums work with qualified MHPs in a 'cross-collaboration [which] will require research assessing who may benefit most from mediumship readings—and for whom it might be detrimental, taking into account factors including gender and age (of the sitter and discarnate, type of death etc.). However, while there are 'credentialed' mediums in the Windbridge Institute USA, that is not the case in the UK or most of the world. Walliss (2001, p. 141), working with the British Spiritualist services, put forward that not all bereaved would seek medium readings:

.... but rather specific forms of bereavement that may lead to individuals consulting mediums for evidence of survival or in order to say goodbye. Typically, this was the case where the deceased was young and/or where the death was sudden or tragic, for example, through an accident, murder or suicide.

In the current study, the deaths *were* tragic or sudden. The participants, bereft with grief, were seeking answers that could not be provided by an MHP/counsellor. Even though the mediums in the current study were not licensed or certified (unlike in the Loetschert (2014) and Beischel et al. (2014/2015) studies), the bereaved participants in the current study were satisfied with their readings. Some also consulted a counsellor but found therapy ineffective, possibly because it was not personalised. This implies that there may be a place for personalised grief counselling that takes into account some people may desire and benefit from medium readings.

5.5.3 Personalising Therapy

In the USA, Christopherson and Beischel (2018) looked at assessing afterlife beliefs in psychotherapy and produced an afterlife assessment guide, which provides introductory guidelines for mental health practitioners (MHP) to use with clients in assessing and addressing afterlife beliefs and spiritual experiences. Their SRRT questionnaire (see Appendix I) comprises questions around four concepts: Significance, Relationships, Resources, and Treatment, and has been informed by bereavement models, trauma approaches, and ethical guidelines. It is important for MHPs to assess clients' afterlife beliefs for several reasons: 'understanding human relationships is an ethical principle of MHPs; afterlife beliefs and spiritual are prevalent; afterlife beliefs predict health outcomes; and afterlife topics have been neglected in clients' relationship with MHP's' (p. 51).

As evidenced in the Literature Review, human relationships do not end when someone dies. The theory of Continuing Bonds (Klass, Silverman & Nickman, 1996) is widely accepted, but we need to go further. In the UK completing the SRRT or something similar would give MHPs and counsellors insight into the bereaveds' beliefs, what they are experiencing and what their needs may be, in order to personalise counselling for them.

Spiritual experiences through ADCs should be perceived as normal (Berger, 1995; Barbato et al., 1999; Daggett, 2005; Sormanti and August 1997). However, many who experience ADCs may feel a stigma associated with their experience or may not want to associate their experiences with religion, but as Christopherson and Beischel (2018) stated:

They may want a safe and respectful space to explore with their MHP how afterlife beliefs inform their life choices; their views on dying, death, and spiritual struggles; their continuing relationships with the deceased; and their spiritual experiences in which an afterlife is perceived (p. 52).

It is posited that the bereaved who experience ADCs (spontaneous and/or assisted) could discover 'that safe and respectful space' within existential counselling (discussed below), which would provide them with a secure base from which to explore their experiences. If they have never experienced an assisted ADC, they could discuss this with their existential counsellor (Beischel et al., 2014/15 p 190), bearing in mind we do not have certified mediums in the UK.

5.5.4 Suggestions for Mental Health Practitioners and Bereavement Counsellors in the UK

It is recommended that those working in the field of bereavement understand ADCs to assure clients that the experience is normal. This recommendation is supported by Streit-Horn (2011, p. 61), who examined cases where ADC experiences were distressing, finding that this was usually the case because the experiencer was unable to 'contextualise and integrate the experience'. Furthermore, Keen, Murray and Payne (2013, p. 397) reviewed 36 studies and found that 'it is not the type of experience that makes it comforting or distressing but how the meaning of having this experience is interpreted by each participant'. Given the scientific literature reports that many experiencing ADCs do not share their experiences 'for fear of being judged, ridiculed or thought insane' (Streit-Horn 2011, p. 62), particularly by doctors, therapists, and clergy (Steffen & Coyle, 2010), it is essential that counselling professionals encourage clients to discuss potential ADCs, instead of 'masking and silencing' them, as this 'may increase social, psychological, emotional, and even physical difficulties for the bereaved' (Leichtentritt et al., 2016, p. 747). Therefore, it is essential that the bereaved experiencing ADCs are supported by professionals knowledgeable not only about grief but also all types of ADCs. In the context of mental health work, the need 'for carefully constructed definitions of spirituality not linked to any particular psychological, religious, or cultural belief system is [also] evident' (Sormanti & August 1997, p. 461). The focus should be to 'build a supporting and understanding atmosphere for the bereaved' (Nowatzski & Grant Kalischuk, 2009, p.106), regardless of current beliefs.

However, the recent Elsaesser (2021/22) study concluded that the 'adaptive outcome [of experiencing ADCs] maybe stymied where mental health professionals trivialise or pathologise disclosures about ADCs' (Elsaesser et al., 2021 p.2). While research in this field has progressed significantly over the last decade, attitudes of counsellors and MHPs are still of concern. It may not be difficult therefore to understand why some visit mediums, especially given that when consulting a medium, there is no 'disparaging, disbelieving or ridiculing [of the ADC experiences]' of the bereaved (Walter, 2008, p.49) – something that they may experience from counsellors. It is proposed that by having a counselling session with an 'ADC Aware' counsellor/MHP, (my term for a counsellor knowledgeable about ADCs. See Appendix J: Basic information about ADCs) the

bereaved can shed light on their ADC experiences. As discussed in the literature review, studies indicate that some aspects of a medium's phenomenology can change (such as control, self-awareness and memory (Rock & Beischel, 2008)), resulting in an inability to facilitate the reading experience for the sitter. The role of the medium is simply to convey communication from the discarnate to the sitter (Beischel et al., 2014). Therefore, to explore the assisted ADC experience (positive or negative) and what it means to the sitter, it is also advisable to consult an independent 'ADC Aware counsellor' who understands ADC experiences and can support a bereaved client without judgment. Individual agency should play a role in the twenty-first century regarding the kind of support one receives. As individuals of various faiths or no faith can experience ADCs, it could help to seek out an 'ADC Aware' existential therapist to discuss the ADCs.

5.6 Working with the Four Dimensions Model in Existential Counselling

A significant aspect of this research was to carry out an interpretative phenomenological analysis (IPA) to give a voice to the participants' lived experiences and take an existential perspective of these experiences, thereby gaining an understanding of the existential issues surrounding bereavement, ADCs, and grief. As seen in the literature review, existential therapy focuses on supporting the client by assisting their understanding, helping them to recognise that they have choices in life and can find meaning post-bereavement (Tomer, 2007). Working with The Four Existential Dimensions (Binswanger, 1963; van Deurzen, 2010) can provide a personalised approach unique to each client (see Figure 2.3 for the Existential Dimensions Model). The highlighted areas in Figure 2.3 are likely to affect the bereaved who experience ADCs. Not only should each dimension of the model be considered with the client, but also the qualities of each domain (physical, social, personal or spiritual); motivations within each domain; fears within each domain; how interaction takes place in each domain (sensory and physical, emotions/feelings, thinking, intuition); point of reference for each domain; outlet within each domain; sense of meaning within each domain; and what a person can do if they have an existential crisis within any (some, or all) of the domains.

5.6.1 Emerging IPA Themes and Existential Dimensions

Figure 5.1 maps the IPA themes in this study onto the Four Existential Dimensions Model (Binswanger, 1963; van Deurzen, 2010). It is important to note that while a particular theme may be placed in one main existential dimension, it can be interwoven with the other dimensions (illustrated by the red arrows). For example, Gabby's ADCs (Spiritual Dimension) influenced her physically, as well as her thoughts (Physical and Personal Dimensions), and her decision to contact her GP (part of the Social Dimension), a medium and a spiritual church (Social and Spiritual Dimensions). Thus, an existential counsellor would explore all the dimensions with a client like her. The existential model may be particularly useful when working with bereaved individuals because being traumatically bereaved profoundly impacts a person, causing a 'crisis in being' and throwing the person into a mode that resembles Heidegger's (1962) ontological mode, in which death is a part of our life and existence (Paidoussis-Mitchell 2012).

In this study, as the themes emerged, it became increasingly apparent that they were inextricably linked with the existential dimensions. For example, the theme 'Being with Others' was linked to The Social Dimension, 'Pain and Loss' to the Physical and Personal dimensions, and 'The Unknown' and 'Beliefs' to the Spiritual dimension. However, while the dimensions are separate for ease of reference, in reality, the four dimensions are in constant flux, reflecting the bereaved participants' inner and outer worlds. Therefore, the findings of this study supported Binswanger's (1963) and van Deurzen's (2010) existential dimensions model, indicating the possibility that a therapeutic approach focused on addressing these different dimensions and how they manifest in each individual's life could be a beneficial process for bereaved clients. Therefore, at a time when traditional counselling has such negative reviews (Currier, Neimeyer & Berman, 2008; Hall, 2014; Larson & Hoyt, 2007; Schut, 2010) existential bereavement counselling could be part of the answer.

The Four Dimensions Existential Model (Binswanger, 1963; van Deurzen, 2010) with IPA Themes from this Study

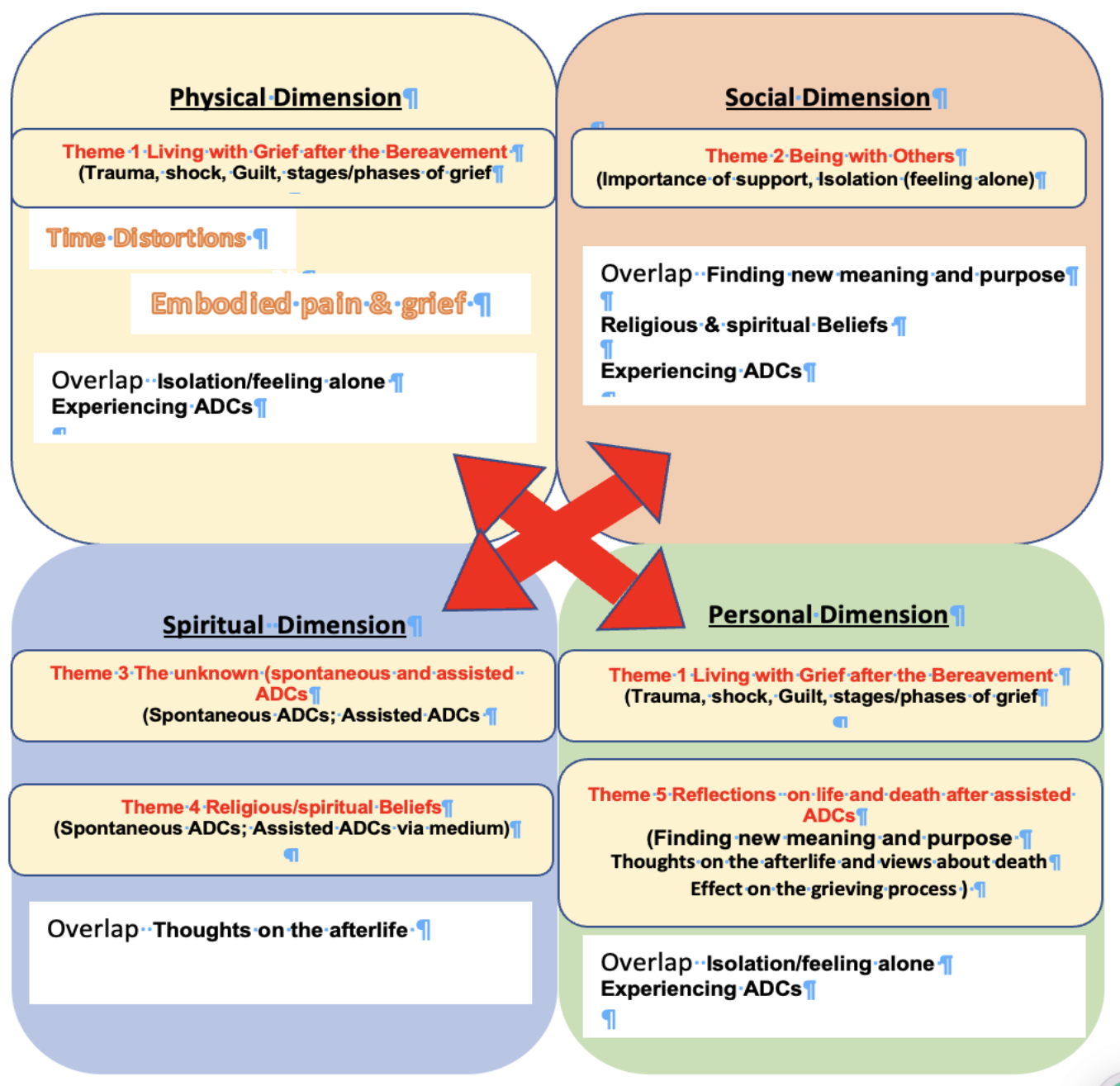


Figure 5. 1 The Four Dimensions Existential Model with IPA Themes from the Study

Note. IPA themes in this study have been mapped onto the Four Existential Dimensions Model (Binswanger, 1963; van Deurzen, 2010). The superordinate theme is in red with the subordinate themes below in black and bracketed. It is important to note that while a particular theme may be placed in one main existential dimension, it will influence and be in flux with the other dimensions (illustrated by the red arrows).

Young (2009) explored several case studies looking at how clients have experienced grief and how to work with them existentially. In one case study, Young (2009) had a client in her forties who was physically injured when involved in a minor accident; overwhelmed with sadness and grief as she recuperated, it came to light that her mother had died when the client was in her twenties. It was only while resting from the accident that the grief over her mother's death overwhelmed her. Her grief had been 'delayed' because she had never given herself the time and space to grieve properly. This case illustrates the important integration of existential concepts looked at in the literature review. For example, in the Physical Dimension, Merleau-Ponty's 'space' and Minkowsky's 'time' create an environment in which bereavement can take place effectively. In the current study, the trauma of Catherine's husband suddenly dying in her arms profoundly altered her 'being-in-the-world'. The experiences that followed (unable to eat/sleep; suicidal ideation; spontaneous ADCs) affected her in all four dimensions. Indeed, all the participants in the current study experienced a crisis in most dimensions and therefore may benefit from existential therapy from an ADC Aware counsellor. Existential counselling would enable the bereaved to unravel their experiences (including the ADCs) and find a way to move forward from their grief and tragic loss.

Support from assisted ADCs following bereavement can provide therapeutic, psychical healing, a continued bond with the deceased, a decreased sense of grief, and greater hope for the future (Evenden, Cooper & Mitchell, 2013). The present study supports these findings, as well as those in the Loetschert study (2014), which also revealed that medium readings positively affected grief by providing closure, healing, comfort and relief; however, the present study also gave a voice to the lived experience of the participants.

5.7 Strengths and Limitations of the Current Research

The study's main limitation included the small sample size, and the homogenous nature of the sample (females from the UK), which may mean that their experiences of death, and ADCs during bereavement, may be more likely to be similar than within a diverse group. Yet such a homogenous population also has its advantages in that the results provide an insight into this particular group. Moreover, there were some differences between the participants; as the initial

research did not specify the type of bereavement, it included those with terminal illnesses as well as those who experienced the sudden death of a loved one. It would be beneficial in future if this were made more specific to establish whether the ADC experiences of participants differed, for example, whether those facing the sudden death of a loved one experienced a greater sense of unfinished business than those whose loved ones died after a terminal illness. Furthermore, all the participants had positive relationships with the deceased, so recruiting those with negative or abusive relationships could allow for a greater analysis of relationships before and after death and how/whether their ADCs may have differentially impacted their grieving process.

Despite these limitations, the research has shown similarities with other previous studies, suggesting that there are common elements among the bereaved who experience spontaneous and assisted ADCs after the death of a loved one (Loetschert 2014). In the current study, two participants (Anna and Tina) still have medium readings every few months for ongoing advice, which could be a sign of co-dependency, but there are no regulations in the UK or system in place to monitor this.

5.8 Suggestions for Future Research

There is a dearth of research in the UK on the effect of assisted ADCs after bereavement on the grieving process, especially regarding specific existential aspects of experiencing ADCs after becoming bereaved. Much of the research reviewed comes from the USA and countries like Brazil (as we saw in the Literature Review). Given that individuals are reluctant to talk about their experiences for fear of disbelief or ridicule due to the stigma surrounding spontaneous and assisted ADCs, it would be helpful to carry out further research on how participants could be encouraged to talk about their experiences, taking into account the ontological issues that have arisen.

In this study, the experiences relating to the grieving process were qualitative, and all the participants found that medium readings helped with their grieving process. However, it is impossible to quantify the extent of this help. It would be helpful to carry out further research using mixed methods, including a quantitative measure of their grief before and after the medium reading(s), such as a 5-point Likert scale to specify how far they found the medium reading helpful with their grief. This could provide a springboard for discussion in subsequent interviews.

This study has only explored spontaneous and assisted ADCs, but the bereaved may also be affected by facilitated (for instance, psychomanteum and IADC experiences) and requested (also called 'invited') ADCs. Requested ADCs include 'communication beyond' our known reality through technical devices (Cardosa, 2003, p. 1), such as phones, computers, Tarot cards, and Ouija boards. Psychoactive substances, including Ayahuasca may help address grief by reinforcing a continuing bond (Gonzalez et al., 2017), but very little research has been conducted in this area. See Appendix J-for types of ADCs.

5.9 Dissemination

Many researchers are encouraged to disseminate their work beyond academics (Toews et al., 2016), yet research may be published in academic psychology journals that seldom reach the public or policymakers. As Gutek (1988, p. 1) stated, "Dissemination to a broad audience seems to have taken a back seat to disseminating our research findings to our peers", and novelist Lessing stated in 1992 that 'It is one of the paradoxes of our time that ideas capable of transforming our societies, full of insights about how the human animal actually behaves and thinks, are often presented in unreadable language' (p. A27).

To combat this, Sommer (2006) put forward the idea of 'dual dissemination', in which research is disseminated to the public and academics. Making research accessible in this way is crucial to this study, as we all experience death and grief. The findings of this study show that assisted ADCs benefitted the grieving process of the bereaved even when they did not initially believe that communication with the deceased was possible. The findings further show that there can be a stigma attached to such beliefs, and an open non-academic discussion in magazines, radio and TV would benefit all. I have considerable experience writing for the public in newspapers and magazines and look forward to promoting my findings to the public. In the past, I have also made good use of radio and Breakfast TV as well as exhibitions and conferences to promote two books. I am keen to use a plethora of methods to promote knowledge and understanding of ADCs so that death becomes a topic we can all communicate about more openly. I intend to write a book providing information about ADCs for MHPs, and bereavement counsellors who need to be knowledgeable about ADC experiences to better serve the bereaved who may be experiencing these phenomena; thus, writing for both academic journals and popular media is a priority for me. I would also like to give seminars about ADCs (on a platform like Eventbrite), continue in private practice, and research the effectiveness of IADC and EMDR in the UK for the bereaved.

5.10 Personal Reflection

The last five years have been a journey of discovery I could never have foreseen. The sudden death of my brother led me to experience ADCs and search for answers that culminated in this study. Throughout this research, I was very mindful of researching an experience that I myself have been acquainted with. When the participants expressed strong emotions, it gave rise to intense emotions within me that had to be bracketed. Some participants felt it was impossible for someone to understand what it was like to lose a loved one and experience ADCs. As far as they knew, I would be in that group. However, they readily accepted my position as a researcher and were keen to share their unique experiences, hoping it would further the limited knowledge base in ADCs, continuing bonds, and grief. Hearing about their grief journey was a humbling experience, and I feel honoured that they were able to share it with me and hope that I can do them justice by sharing their lived experiences with others, including therapists and MHPs.

However, 'the best-laid plans of men and mice often go awry', so it was with my study. No amount of risk planning could have foreseen Covid-19 and me being diagnosed with breast cancer in 2020. It has been a challenging journey. This study could not have taken place without the contributions of the participants who were willing to share their stories of pain, loss and discovery, taking them from this world to a place beyond death where with the help of a medium/s, they could form a continuing bond with their loved one and find some comfort.

'Death' and the 'afterlife' has fascinated humanity from time immemorial. Thus, an extensive literature review was required and is the core of this study, together with the rigorous analysis of the participants' lived experiences, which will not only contribute to the knowledge base in this area but highlight further research required. The literature shows that whatever the ontological state of ADCs is, they are regarded as authentic and significant by people around the world from all walks of life, cultures, religions and no religion.

5.11 Conclusion

ADCs are an important part of what many people experience all around the world and even though Streit-Horn (2013) found a common theme of participants being reticent to report their ADCs for fear of being judged, ridiculed and stigmatised (Amatuzio & Mathew, 2007; Ring, 2008; Streit-Horn, 2013) it is perhaps

time to accept that, far from being pathological, ADCs can have a positive effect on grief (Beischel et al., 2015; Elsaesser, 2020/2021/22; Guggenheim & Guggenheim, 1995; Keen et al., 2013; Loetschert 2014).

Understanding the phenomenology of ADCs and their impact is crucial for research and stimulating open discussion and self-reflection (Steffen & Coyle, 2011). Dissemination of this information to the public could give people a new perspective on death and life. Now, in the twenty-first century in the UK, it is perhaps time for MHPs and counsellors to acknowledge that many people may want to talk about their unique ADC experiences; therefore, this is an area they at least need to have a basic grounding of, specifically if they work in the bereavement industry or in palliative care.

The current study has discovered that after a traumatic death, some bereaved can experience post-traumatic -growth (PTG), which was not considered in the Loetschert (2014) study. Another major difference is the implication of the findings on counselling practice. While the Loetschert (2014) study recognises that it would be good for MHPs to know about ADCs it lacks concrete examples of how this could be achieved or how the MHPs could find out more about a client's beliefs. The current study discusses Christopherson and Beischel's (2018) SRRT Questionnaire (see Appendix I), which can be used by MHP and counsellors to explore a client's beliefs in the first instance. This is followed by a review of how a MHP/counsellor could work with a client existentially using the Existential Four Dimensions Model (Binswanger (1963) & van Deurzen (2010) while also being 'ADC Aware' (See Appendix J).

While recognizing the complexities of assisted ADCs It is hoped that the findings in the present study encourage MHPs and counsellors to view assisted ADCs more objectively and to recognise that some bereaved people could benefit from both a medium reading/s and existential counselling from an 'ADC Aware' counsellor. It is further hoped that this study's findings can go some way towards highlighting the need for future research in the UK to explore how assisted ADCs (EMDR and IADCs) influence the grieving process and how they differ from TGC so that any insights can be used for the benefit of bereaved individuals in the future.

As this study has added to the existing knowledge base that medium readings can help the grieving process, there may be scope in the future for some bereaved to be recommended medium readings as a form of complementary therapy, with the proviso that this is with registered and certified mediums. This is currently contentious, given the lack of robust scientific evidence for the authenticity of mediums, yet the fact that many of the bereaved have been found (in this and other studies) to be subjectively assisted in their grief at least points to the need to include medium-assisted and induced ADCs in the wider

discussion regarding possible bereavement counselling and treatment avenues.

It is important to point out that the present study does not promote any of the organisations mentioned, nor does it advocate for the authenticity of mediums/psychics more generally. This is an area that would benefit from regulation and certification of mediums in the UK. Yet, despite whether or not medium readings can be deemed as authentic and accurate, the fact that this study (and others) has revealed the experience to influence the grieving process of the bereaved positively could indicate a place for medium readings as part of a broader intervention to assist those struggling with grief and trying to make sense of their experiences, ideally with supporting existential counselling and EMDR/IADC therapy.

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