

# A Survey of the Phenomenology and Psychological Impacts of Perceived Spontaneous After-Death Communications

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# Clinical parapsychology

‘a new kind of profession with dual training in counselling, psychotherapy and clinical professional psychology to the point of licensure on the one hand, and training in the paranormal, including parapsychology, on the other’

(Klimo, 1998)



- Anomalous experiences are common
- They are poorly understood and dismissed by the academic mainstream
- This can exacerbate any distress felt by the experiencer due to difficulties in making sense of and integrating the experience

## ‘After death communications’ (ADCs)

An ADC occurs when a bereaved person unexpectedly perceives the deceased person in a manner that is interpreted as indicative of the continued survival of some aspect of that person

[Clinical parapsychology adopts a phenomenological stance in taking the perspective of the experient. For the most part is ontologically neutral.]

- **Spontaneous:** contacts or communications apparently initiated by the deceased, without initiation by or solicitation from the experients
- **Direct:** without intervention of other persons (e.g. mental mediums), use of devices (ouija, ITC), or otherwise mediating a contact
- **Typically convey a message:** Reassuring, Resolving, Reaffirming, Releasing

# ADCs in widowhood

(Rees, 1971)

Study carried out in his Welsh practice

- 293 widows and widowers [94.2% of eligible population] were interviewed regarding hallucinations of their dead spouse
- 137 (46.7%) reported post-loss hallucinations
- Unrelated to social isolation, depression; no demographic correlates
- Most likely a 'felt presence' but includes sensory contacts
- Only 38 (27.7%) had previously disclosed their hallucinations to another person; no doctor had been informed and only one person had confided in a clergyman



## General Practice Observed

### The Hallucinations of Widowhood

W. DEWI REES

*British Medical Journal*, 1971, 4, 37-41

#### Summary

227 widows and 66 widowers were interviewed to determine the extent to which they had hallucinatory experiences of their dead spouse. The people interviewed formed 80.7% of all widowed people resident within a defined area, in mid-Wales, and 94.2% of those suitable, through the absence of incapacitating illness, for interview.

Almost half the people interviewed had hallucinations or illusions of the dead spouse. The proportion of men and women who had these experiences was similar. The hallucinations often lasted many years but were most common during the first 10 years of widowhood. Social isolation did not affect the incidence of hallucination, nor was it related to the incidence of known depressive illness. There was no variation within cultural groups and there was no variation with place of residence, whether this was within town, country, or village, or within England and Wales.

Young people were less likely to be hallucinated than those widowed after the age of 40. The incidence of hallucination increased with length of marriage and was particularly associated with a happy marriage and parenthood. Members of the "professional and managerial" group were particularly likely to be hallucinated.

Llandloes, Montgomeryshire  
W. DEWI REES, M.B., M.R.C.G.P., General Practitioner

while widows of "non-manual and sales workers" were the ones least likely to be hallucinated. The incidence was greater with hysteroid than obsessional people. It was unusual for the hallucinations to have been disclosed, even to close friends or relatives.

These hallucinations are considered to be normal and helpful accompaniments of widowhood.

#### Introduction

The extent to which widowed people experience hallucinations and illusions of their dead spouse had not been previously investigated, so it seemed worth while to determine its incidence.

#### Method

The intention was to interview all widowed people resident within a defined area in mid-Wales. This area, centred on Llandloes, is such that with few exceptions all residents are patients of one group practice. The practice has about 7,500 patients, and of these about 5,200 live in the survey area. The age and sex distribution of this survey group has been reported elsewhere by Rees and Lutkins.<sup>1</sup>

The identity of most widowed people in the area was already known, but a further check was made with the aid of the practice secretaries, who had lived for many years in the area, district nurses, and local clergy. It was found that 363 widowed people resided in the area. Because of serious physical or mental defects 52 were considered unfit for interview and excluded from the sample. The age and sex distribution of those excluded

TABLE IV—Incidence of Various Hallucinations

	All Widowed People		
	Male	Female	Total
Feels presence of deceased ..	29 (43.9%)	86 (37.9%)	115 (39.2%)
Sees deceased .. .. .	11 (16.7%)	30 (13.2%)	41 (14.0%)
Hears deceased .. .. .	7 (10.6%)	32 (14.1%)	39 (13.3%)
Speaks to deceased .. ..	13 (19.7%)	21 (9.3%)	34 (11.6%)
Touched by deceased ..	1 (1.5%)	7 (3.1%)	8 (2.7%)

(Some people experienced more than one type of hallucination.)

# Modern revival of interest

(Rees, 1971)

- Hallucinations were considered to be a normal and helpful accompaniment of widowhood
- 68.6% felt they were *helped* by their hallucinations; 25.5% found them *neither helpful nor unpleasant*; only 5.9% found them *unpleasant*
- Helpful ratings were highest for visual hallucinations [78.0%] and where the experient spoke to the dead person [82.4%]
- Incidence of hallucinations was greater for those who had been happily married and correlated with period of cohabitation
- See also Stevenson (e.g., 1982), Haraldsson (e.g., 1988/9, 2009), Smith (2012), and Cooper et al. (2017)



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Llandloes, Montgomery  
W. DEWI REES, M.B.,

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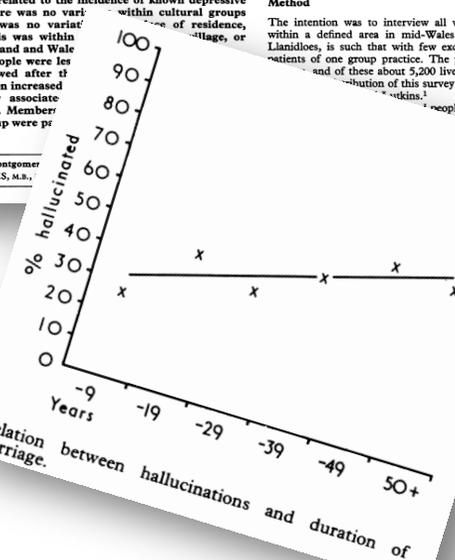
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Most people in the area was already widowed with the aid of the survey group.



# The present study

- Mixed methods, multinational (English, French, Spanish) survey
- to describe the phenomenology of ADCs
  - Who has an ADC?
  - Under which circumstances?
  - In what form (type)?
  - What are the messages of ADCs?
  - Who are the deceased persons allegedly initiating the contact?
  - Are there differences between countries?
- to analyze the impact of ADCs on recipients.
  - How do recipients make sense of their ADCs?
  - What are the immediate and longer term effects?
  - (How) does it influence the grieving process?
  - Does the national and social context influence these effects?



## Scientific Committee

**David Lorimer**, SMN, UK

**Prof. Kim Penberthy**, Univ. Virginia, USA

**Prof. Peter Fenwick**, Kings College, London

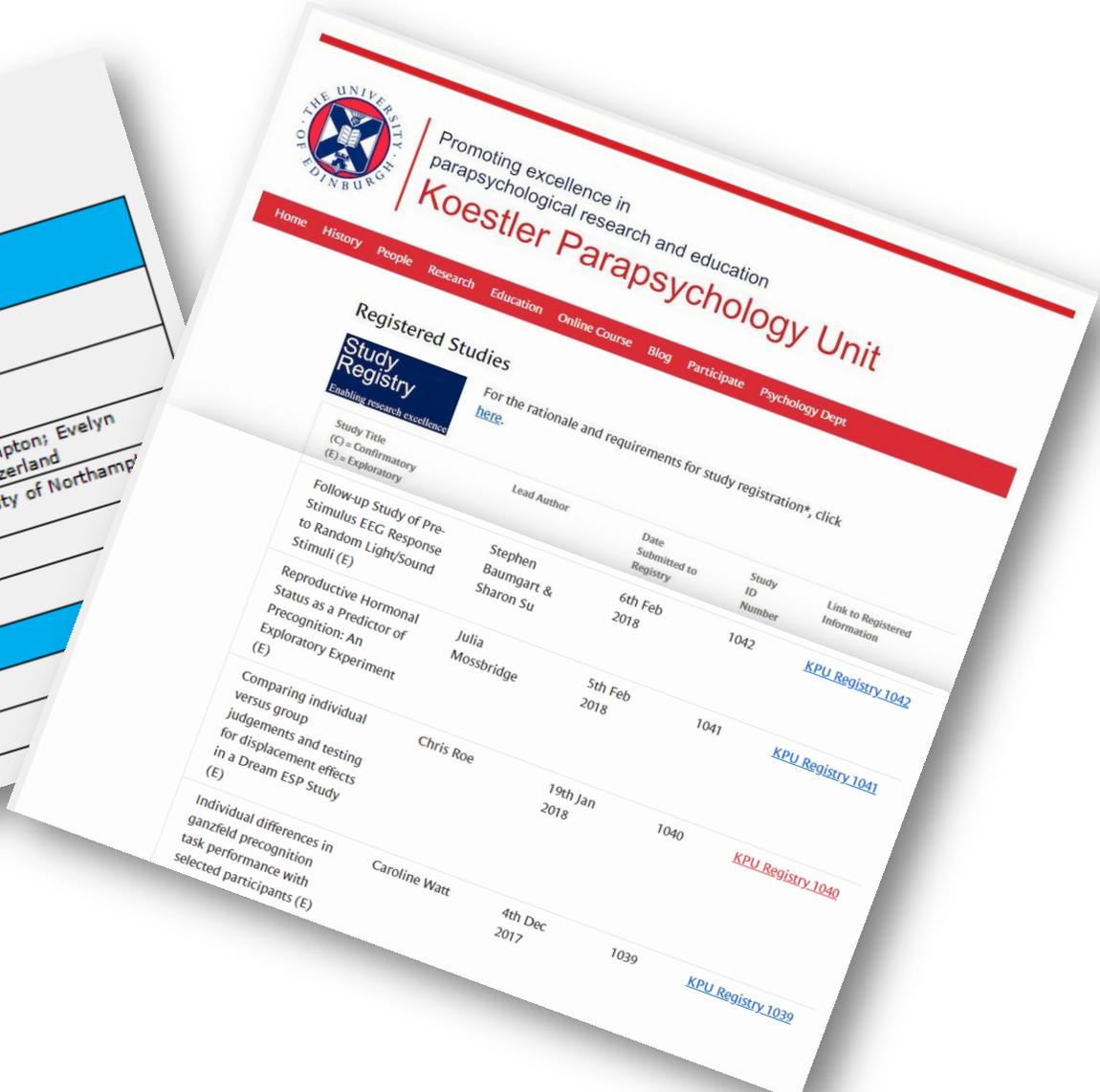
**Prof. Kenneth Ring**, Univ. Connecticut, USA

# Method: Ethics & Pre-registration

## UNIVERSITY OF NORTHAMPTON FACULTY OF HEALTH AND SOCIETY ETHICS APPLICATION FORM

### SECTION 1: PERSONAL DETAILS

Name of principle investigator.	Prof. Chris Roe
Position (UoN Staff or UoN postgraduate student).	UoN staff
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Email.	
<b>FOR STUDENTS ONLY:</b>	
Programme of study.	<a href="#">Click here to enter text.</a>
Mode of study.	full-time <input type="checkbox"/> part-time <input type="checkbox"/>
Supervisor.	



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### Registered Studies

[Study Registry](#)  
 Enabling research excellence

For the rationale and requirements for study registration\*, click [here](#).

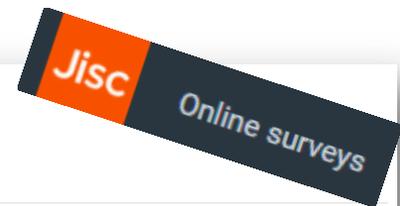
Study Title (C) = Confirmatory (E) = Exploratory	Lead Author	Date Submitted to Registry	Study ID Number	Link to Registered Information
Follow-up Study of Pre-Stimulus EEG Response to Random Light/Sound Stimuli (E)	Stephen Baumgart & Sharon Su	6th Feb 2018	1042	<a href="#">KPU Registry 1042</a>
Reproductive Hormonal Status as a Predictor of Precognition: An Exploratory Experiment (E)	Julia Mossbridge	5th Feb 2018	1041	<a href="#">KPU Registry 1041</a>
Comparing individual versus group judgements and testing for displacement effects in a Dream ESP Study (E)	Chris Roe	19th Jan 2018	1040	<a href="#">KPU Registry 1040</a>
Individual differences in ganzfeld precognition task performance with selected participants (E)	Caroline Watt	4th Dec 2017	1039	<a href="#">KPU Registry 1039</a>

# Survey format

- Presented online using the JISC online survey platform (formerly Bristol Online Surveys)
- Link sent out to interested parties (purposive sample)
- Initial pages describe the project/phenomena and outline ethical aspects
- Gives a summary of the survey's content and description of how data will be used, followed by request for consent
- Consists of up to 194 questions (including follow-up after affirmative responses)
- Includes closed and open questions (participants are free to omit any items)

## ADC Questionnaire

0% complete



### Questionnaire Introduction

#### Objective of research project

A perceived spontaneous and direct After-Death Communication (ADC) occurs when a mourner unexpectedly perceives a deceased person through the senses of sight, hearing, smell, or touch. Very commonly, persons who experience an ADC (experiencers) solely "feel the presence" of the deceased person or perceive a contact or a communication during sleep or hypnagogic states.

ADCs occur frequently, with research having found that 50% of mourners have experienced one or more spontaneous and direct ADCs. Testimonies collected in different countries and since the last century suggest this phenomenon to be *universal* and *timeless*. Despite their widespread occurrence, ADCs, paradoxically, have been little researched and are absent from the media and public discourse. As a consequence experiencers usually have no frame of reference in terms of which to understand, integrate and fully benefit from this experience which doesn't match mainstream conceptions of reality.

# Survey format: holistic account

11% complete

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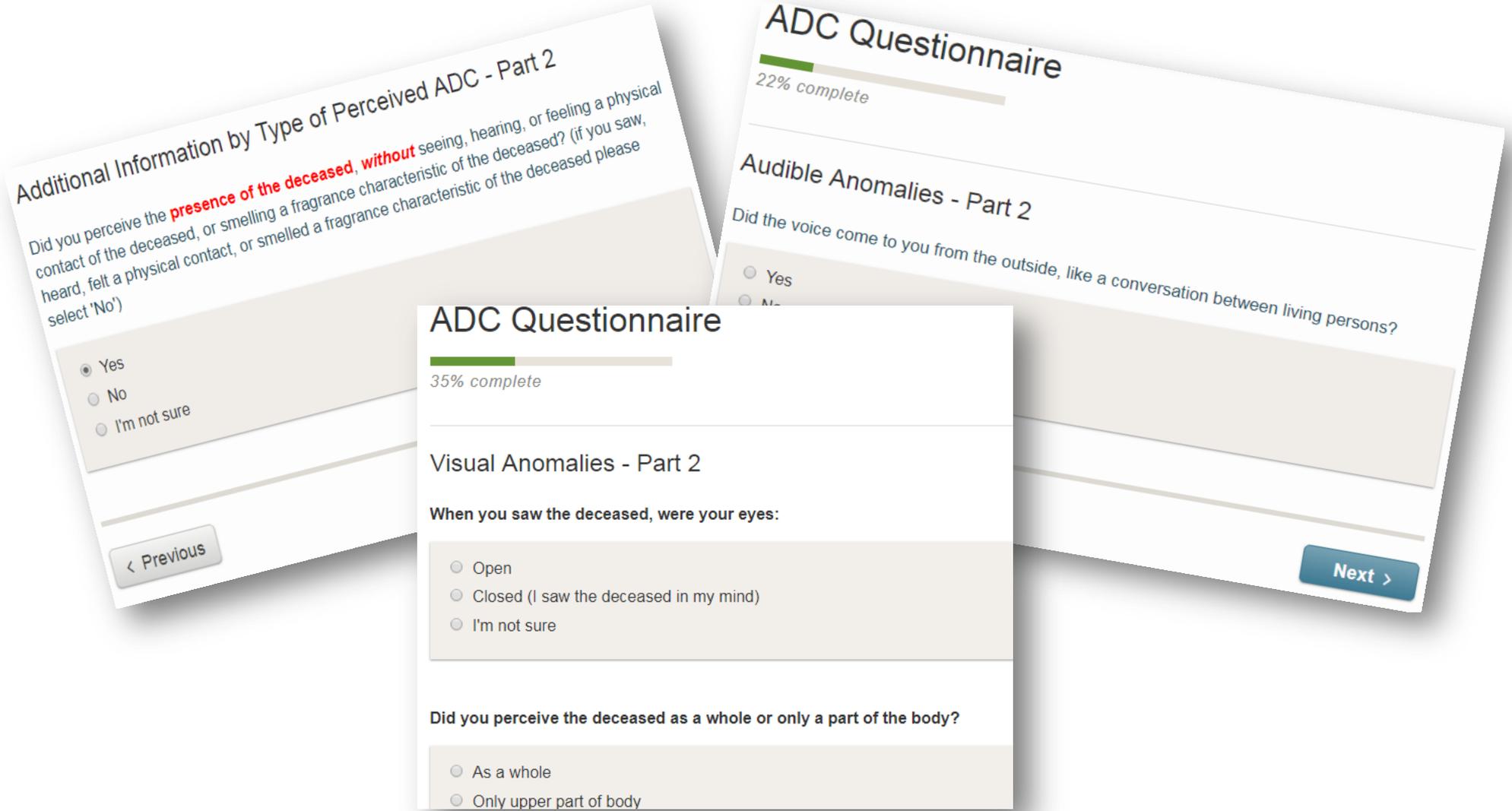
## Description of perceived ADC

Please describe in as much detail as you can your ADC. If you have experienced several ADCs with one or several deceased persons, please describe **only one** ADC, choosing the **most significant one**.

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# Survey format: modality of experience



# Survey format: Circumstances

**ADC Questionnaire**  
75% complete

**Emotional State at the Moment of Perceived ADC**

What was your state of health at the moment of the perceived ADC? (Please select all answers that apply)

- Good health
- Sick
- Depressed
- Under medication (anti-depressant, etc.)
- Under the influence of substances (recreational drugs, alcohol, etc.)
- I'm not sure

In your own words, please describe your emotional state immediately after the perceived ADC.

**Relationship with Deceased**  
84% complete

Did you know the deceased person who seemingly created the perceived ADC?

- Yes
- No
- I'm not sure

What was your emotional connection with the deceased:

- Extremely close and loving
- Very close
- Quite close
- Quite distant
- Distant

# Survey format: Impacts

80% complete

## Belief System After Perceived ADC

Did you believe in life after death *before* your perceived ADC?

- Yes
- No
- I'm not sure

**Today**, do you believe in life after death?

- Yes
- No
- I'm not sure

93% complete

## ADC Questionnaire

### Bereavement Process - Part 1

Has the perceived ADC brought you comfort / emotional healing?

- Yes
- No
- I'm not sure
- Not applicable (I was never mourning this person)

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# Sample size & demographics

			
416	440	148	1004

Male	144 (14.3%)
Female	853 (85.0%)
Other	4
(missing)	3

Mean age	51.2
Std Dev	13.3
Range	18-89
Median	51
Mode	47

## Sample demographics

Married	372
Single	164
Divorced	147
Living with partner	140
Widowed	124
Separated	45
Registered partner	3

University	479
College or equivalent	176
Technical training	220
Secondary school	121

In work	583
Retired	207
Housewife/husband	38
In education / training	31
Looking for work	40
None of above	86

## Modality of experience

	Did you perceive the presence of the deceased, without seeing, hearing, etc	Did you feel a physical contact created by the deceased?	Did you see the deceased?	Did you hear the deceased?	Were you contacted by the deceased during your sleep?
Yes	34.4%	47.7%	46.2%	43.3%	62.2%
No	59.9%	47.2%	49.6%	50.7%	30.6%
Unsure	5.7%	5.1%	4.1%	6.0%	7.2%
(missing)	10	15	9	11	11

## Circumstances of ADC

	At what time of the day / night did the perceived ADC occur?	Was the place where the perceived ADC illuminated:	
Morning	20.8%	30.6%	By the light of day
Afternoon	21.1%	14.8%	By an electric light
Evening	15.7%	11.6%	Dimly lit by twilight, an outside light, etc.
During the night	39.0%	30.7%	In the dark
Unsure	3.4%	3.2%	Unsure
		8.8%	Other
(missing)	37	46	(missing)

# Circumstances of ADC

	During the period prior to the perceived ADC, and in terms of the bereavement process, were you:	How do you feel about having had this experience?	
Extremely sad and in deep mourning	35.5%	71.1%	I treasure it
Moderately sad and moderately mourning	14.4%	20.4%	Very glad
A little sad but having partially overcome the pain of mourning	17.4%	3.4%	I don't mind
Not sad and not mourning anymore	13.1%	0.4%	Very unhappy
I have never been in mourning	13.9%	1.1%	I wish it had never happened
I'm not sure	5.7%	3.5%	I'm not sure
(missing)	40	15	(total)

# Impact of ADC

	If you had heard of perceived ADCs before your own experience, did you think they	Shortly after your experience, did you think your perceived ADC(s)	Today, with hindsight, do you think that your experience(s)
Were most certainly authentic	40.5%	77.1%	90.2%
Open to the idea, but needed evidence	41.1%	14.4%	8.2%
It was unlikely that they would be authentic	2.2%	0.5%	0.2%
Were certainly not authentic (but rather an hallucination/illusion created through grief)	3.9%	2.0%	0.3%
I did not ask myself the question	9.1%	4.6%	0.0%
I was not sure	3.1%	1.3%	1.1%
(missing)	366	14	14

# Impact of ADC

	Did you believe in life after death before your perceived ADC?	Today, do you believe in life after death?	
Yes	68.8%	92.8%	Yes
No	10.8%	1.2%	No
Unsure	20.4%	60.0%	Unsure
(missing)	13	16	(missing)

# Impact of ADC

	Following the perceived ADC, did your fear of death:	Do you consider the perceived ADC to be:	
Disappear	29.5%	36.4%	Life-changing
Decrease	31.4%	49.1%	Important
Remain the same	33.2%	9.0%	Moderately important
Increase	0.8%	1.5%	Not very important
Unsure	5.1%	1.7%	Not important
		2.2%	Unsure
(missing)	22	16	(missing)

# Impact of ADC

	Has the perceived ADC brought you comfort / emotional healing?	Does having had a perceived contact with the deceased make his/her physical absence even more painful?	Do you consider the perceived ADC important for your bereavement process?
Yes	73.4%	11.8%	68.4%
No	10.4%	80.4%	20.2%
Unsure	8.0%	7.8%	11.3%
Not applicable (I was never mourning this person)	8.2%		
(missing)	15	101	105

## Changes in religiosity / spirituality

	Religious before	Religious after	Spiritual before	Spiritual after
Strongly agree	9.4%	12.3%	36.3%	63.6%
Agree	19.2%	17.5%	33.2%	25.8%
Neutral	39.8%	37.1%	20.3%	8.2%
Disagree	18.1%	18.1%	7.1%	1.5%
Strongly disagree	13.6%	15.0%	3.0%	0.9
(missing data)	8	7	8	5

For religion, chi-square = 6.33,  $p = .18$

For spirituality, chi-square = 182.27,  $p < 0.00001$

## Conclusion and extension

- ADCs are understood by experiencers as authentic encounters with their deceased loved ones
- ADCs can have profound and long lasting effects on the experiencer's sense of self and of their connection to others, and can facilitate the bereavement process
- Ongoing analyses will explore whether impacts are mediated by particular features of the ADC (modality, perceived message, circumstances of passing)
- Comparisons across the three language groups will afford some (crude) insight into cultural differences – further work is planned with additional language groups
- Qualitative work on responses to open questions will give a voice to individual experience and its attributed meanings
- Will also address 'the elephant in the room' – potentially evidential features such as shared experiences and receipt of unknown information

*Thank you for your attention*

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