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**A Step into the Other World:  
Phenomenology of  
Spontaneous After-Death Communication Experiences in  
New Zealand**

**A thesis presented in partial fulfilment of the requirements for the degree of**

**Master of Arts**

**in**

**Psychology**

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**New Zealand.**

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## ABSTRACT

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After-death communication (ADC) is a type of spiritual experience in which a person senses the presence of somebody deceased, most commonly a deceased loved one. Research supports an association between ADC and various psychological benefits, mainly in the context of grief and bereavement. Research has also shown that people who have these types of experiences are often fearful to disclose them due to fear of ridicule or judgement. The current research aimed to provide a rich description of New Zealander's ADC experiences, and how they may differ from other populations. A further aim of this research was to uncover the meanings and interpretations of the experiences for the participants through a qualitative research approach. There were ten participants in the study, nine of whom were female. Five of the participants identified as NZ-European; one participant identified as Māori, Celtic, English, and Fijian; and one participant identified as Māori, Cook-Island, and NZ-European. The participants reported that their experiences helped them to have certain needs met and provided them with comfort and reassurance that their loved ones were in a state of wellbeing. Their experiences impacted on and helped with their grieving process. The participants also reported that the experiences enabled them to continue to feel connected to their loved ones. The results of this study are important because they provide insight into what an ADC experience is like for a New Zealander. The findings also have important implications for the field of psychology in New Zealand because they align with other research that supports an association between ADC and positive psychological benefits. The study shows that having an ADC experience in New Zealand is beneficial. Therefore, it encourages psychologists, both in preparation and in practice within NZ, to identify strategies to help ADC experiencers to maximize the benefits of the experience for their psychological wellbeing.



## REFLEXIVE STATEMENT

### *Ko wai au? Who am I?*

---

Ko John Albert McPeak rāua ko Marjory Amelia Swan ōku tupuna i te taha o tōku pāpā

No Ireland me Scotland ōku tūpuna

Ko Temepara Hemopo rāua ko Fay Mcilroy ōku tūpuna i te taha o tōku māmā

No Ireland me England tōku kuia

No Ngāti Maniapoto tōku koroua

Ko Kakepuku tona maunga

Ko Waipa tona awa

Ko Kahotea tona marae

Ko Brian Joseph McPeak rāua ko Janine Fay Hemopo ōku mātua

Ko Ashden Hemopo tōku ingoa

I tipu ake ahau i raro i te mauri o Te Kohanga Whakawhaiti o Te Iwi

I ngā rā o mua i mahi a ōku kaumātua kei reira

No reira

Mauri ora ki a tātou katoa.

This study is rooted in my lived experiences with after-death communication (ADC). These experiences were not based on bereavement but, rather, revealed evidence of my loved ones providing guidance and “watching over” me, almost as guardian angels. These guardian angels - my relatives and ancestors—are my reassurance that there is a purpose to my life, and this realization reminds me that I am part of a bigger picture. They have been there for me to rely on when times have been challenging and have provided me with a sense of belonging and love when I have needed it most. These experiences have highlighted for me the importance of spirituality—in all its forms— to my wellbeing; and have inspired me to investigate and explore whether the same is true for other ADC experiencers.

I come from a mixed-culture background. My mother’s father was Māori, and my mother’s mother was majority Irish. My father is Pākehā and is of both Scottish and Irish descent. I value all my cultural heritage; however, the culture with which I mostly identify with derives from my Māori heritage. On my mother’s side of the whānau - both immediate and extended we all share values, practises, and tikanga that derive from our Māori heritage. A lot of these practises are based on Māori spirituality. Our family has unfortunately experienced a lot of death. My mother’s brother, Uncle Craig, was killed in a car accident in 2001. He and my Mum were very close growing up and shared a special sort of bond. Our koro (grandfather) suffered a stroke after Uncle Craig passed away and was never really himself after that; he passed away in 2008. My first cousin, Shae - who I grew up with and spent a lot of time with as a child, passed away suddenly in 2012 at the young age of 18. More recently our family’s matriarch, my Nana (Fay Hemopo), passed away in February of this year after battling cancer. Then her younger brother followed her in July of this year. I feel the *wairua* (spirit) of those who have gone before me every day, and I carry them with me in every step of my journey through life.

Our whānau always brings our deceased loved ones home after their passing and constantly surround them during their wake. We gather around them and share with each other stories and

memories that we had of them. Together, we laugh, cry, sing, mourn, and reminisce. We always lay mattresses around their coffins and sleep in the room with our loved ones. Someone is always with the person so that they are never left alone. It is my belief and interpretation of this that it is based on the common Māori belief that our loved one's spirit resides beside the *tūpāpaku* (deceased's body) with the immediate family until such a time later—after the funeral where the *tūpāpaku* has been laid to rest—that their spirit travels on. This belief is explained and supported in research by Nikora and Te Awekotuku (2013) who stated:

“Laying claim to the *tūpāpaku* of relatives is a practice that honours them, their significant relationships, and aspires to enhance togetherness across time and space. Even more important, is that it speaks to spiritual and mental wellbeing, for our own and ourselves.” (p4)

These authors further elaborated the important *spiritual* dimension to Māori beliefs about the dying process and the potential after-life:

The act of taking a *tūpāpaku* home permits an understanding beyond the reinforcement of connectivity, and of people to place and history. It enables the living to both support the spirit of the deceased on its journey, and for us to participate in the rhythmic and infinite process of creation (Tamanui, 2012). This is spiritual work. (p. 4)

## An important disclaimer

This piece of research is special to me because spirituality is something that I strongly value in my own personal life. As previously stated, I have had my own ADC experience, which I will describe in further detail below. I feel it is important at the outset to mention that the information in this thesis is highly personal and sensitive, for both the participants in the research and myself as the researcher. Interpretative phenomenological analysis (IPA) researchers are encouraged to be aware of their own perspectives and worldviews about the research topic and to be as open as possible

throughout, as it is recognized that researcher worldviews will naturally shape and influence the research.

There are many reasons why my ADC experience was so meaningful to me. I am a survivor of sexual abuse and many past traumas. My experience of ADC was so meaningful to me because it gave me the power of *hope*, and it provided me with a perspective of my life that allowed me to see the greater picture. It is my personal choice to be explicitly open about my past experiences in this research so that I may provide a deeper level of understanding to readers. Furthermore, by being open about my experiences it is my hope that this research will do justice to the participants who shared their personal experiences with me, as well as potentially help any readers who may be able to relate to my experiences and benefit from the information provided.

## My ADC Experiences

### *1. Uncle Craig*

My first experience of ADC involved my mother's brother, Uncle Craig. At the time of my experience in 2011, my stepfather had recently committed suicide. He presumably took this action because I had finally spoken out about the sexual abuse he had inflicted on me for many years. It was a very difficult and traumatic time of my life, and I faced a lot of troubling emotions and mental turmoil. During this time, my Uncle Craig appeared to me in my bedroom one night, and I woke from my sleep. Uncle Craig was sitting cross legged on my bedroom floor and was peacefully watching me. I became frightened, realising what I was seeing. Uncle Craig slowly lifted his head and softly said to me: "Don't be afraid." I believe there were dual meanings to what he had said: firstly, don't be afraid that you are seeing me, and secondly, don't be afraid of what you're going through at the moment; it will all be okay—a reassurance of sorts. He then slowly disappeared.

After this experience, I felt a sense of reassurance and of protection. I felt that my loved ones were indeed watching over me and protecting me, and I believed that Uncle Craig was my

guardian angel. I thought this conclusion made sense given the fact that he and my Mum were always close growing up and shared a special bond. Many years later I shared this experience with my Mum, and she shared that she, too, had experienced ADC with Uncle Craig, which consolidated and validated my thoughts that he was watching over our family and protecting us.

## 2. *Nana*

My Nana passed in February of this year due to cancer. Before her passing, I had discussed with Nana my research topic, and she had basically dismissed it as it went against her beliefs as a Seventh Day Adventist. Nana believed that when she died, she was in the ground and dead until Judgment Day when Jesus will come down to Earth and resurrect His followers. Nana didn't believe in ADC. When Nana was on her deathbed, I had a special moment with her in which I told her that if she was able to, following her passing, she could still come and visit me, and that I would be waiting for her.

My first experience that I believe I had with Nana was sentient in nature. It was not long after Nana had passed away that I was in her house with my cousin and my Aunty, and we were pottering about and starting to tidy up and get things organised in preparation to move them. We had Nana's old radio blasting, and we were all buzzing about the house, singing, and dancing, and our Aunty was being her usual foolish and entertaining self. And so, we were all happy and enjoying being together in Nana's home. Nana's home has always held a special place in all our family's hearts. When Koro was alive it was Nan and Koro's house. It was always a place of warmth and aroha and happiness. It was where my cousins and I spent most of our time together during holidays. We all hold fond memories of Nana's home, and so to be in her home for one of the last times in the company of whanau and love and happiness brought a smile to my face—and when I smiled, I thought of Nan. I felt Nana's presence around us, and I personally felt the peace and joy that this experience brought to her spirit.



My second experience with Nana occurred approximately 2-3 weeks after she passed away. It was symbolic in nature, in an almost cliché way. In this experience I was at home in the kitchen tidying up and listening to music again when a fantail flew into the house. Now, every time I see a fantail in the house it instantly stops me in my tracks. This is because—as I believe based on my upbringing— in traditional Māori beliefs a Pīwakawaka (fantail) flying into the home is a sign of luck. Whether or not that luck is good or bad differs between differing interpretations. So, when the fantail first entered and started flying around the chimney, I observed it. The fantail began chirping and singing and flying around the lounge—almost as if it seemed happy to see me. I chose to interpret this experience as Nana popping in to see me. It was ironic to me because a majority of the time when Nana was alive and I was down and out, I would head around to her house to have a cuppa and a game of Rummiyo and a chin wag—and it would make all my worries disappear. To me, the experience with the fantail made me feel that familiar feeling of Nana’s warmth, connection, and love.

My most recent experience with Nana occurred in July of this year—approximately four months after she passed away; our family received the news that her brother, (*Uncle Jimmy*), was also dying of cancer. I had never been particularly close to Uncle Jimmy, but in my heart, I knew I had to go and visit him at the local rest home. My heart told me that it was the right thing to do, and part of me wanted to go because I knew that Nana would have been right there beside him if she were still physically present. I visited Uncle Jimmy approximately two weeks before he passed away in Waireka rest home. I had been nervous and anxious about visiting<sup>7</sup>, worrying about what the topics of conversation might be<sup>7</sup>, or whether we might just sit there in awkward silence. However, it was the most joy-filled, emotion-fuelled hour that I had spent in the company of someone in a long time. We talked about everything from his kids, to his memories of owning a bakery, to the cars he had owned. He told me of his funeral plans and how he had prepared and made his own casket. I asked questions about his beliefs about dying. He was a faithful man who simply said he would be extremely disappointed if Jesus did not come back for him<sup>7</sup> and that he strongly believed that he

would. He told me he was not afraid to die, but that he was worried for those he would leave behind. I tried my best to comfort him and reassure him. Uncle Jimmy told me that he was grateful that I had visited, I told him that I loved him and that I would be back—and I would see him again. A couple of weeks went by and, as life had been hectic for me, I had not been back to *visit*. However, one particular morning while getting ready to head into town and make preparations for Matariki celebrations at our local marae, a thought entered my head: “I should go and see Uncle Jimmy.” So, with that, I did call into Waireka that morning and see Uncle Jimmy. Unfortunately, he was at the very end point of his life and was unable to converse, but I sat with him and Aunty Pat, {his wife}, who lovingly comforted and reassured him. When I told Uncle Jimmy goodbye, I said: “I told you I would be back!” and he smiled. I told him, “I’m sorry it took me so long”. I told him that I loved him, wished him God Bless, and told him to say hello to Nana when he saw her—and to tell her that we missed her. Uncle Jimmy passed away the next morning.

After having researched ADC and the subtle forms it may take, I began to ponder about that thought that had popped into my head, urging me to go and visit him. The coincidence of that event, and him passing away the very next day was just too bizarre to be a coincidence in my mind. I interpreted this as my Nana communicating with me to urge me to go and visit—because she knew that his time was near. It is my interpretation that Nana came to me to communicate because she knew I believed in ADC and perhaps I would be more inclined to recognize and accept it. I think Nana wanted to be there to say goodbye to Uncle Jimmy—and I believe that she chose to communicate with me to enable this.

I believe that the way I was raised, my culture, and my experiences with losing loved ones, among other things, has formed my view of death and the afterlife. I believe that physical death is not final. I grew up always believing this concept, even before my ADC experiences. I knew my loved ones had gone some place where they could watch over me and protect me, until one day when I would meet them again when it was my time to physically depart from earth. Throughout my life,

this thought has always provided me with a lot of comfort and a sense of protection. I have always believed that everything around me is alive and has spirit and have always been aware that there is a bigger picture. This could be linked to my Māori heritage and the concept of *wairua*. I believe that things are the way that they are for a reason; there is purpose and reason behind absolutely everything. A perspective shared by Knight (2011) aligns perfectly with my spiritual beliefs: “Everything was meaningful, material and non-material. Everything came from somewhere; everything had an origin, a source, a destination, and a purpose. Nothing was random; nothing happened by chance, there was design in everything. This was something I felt and knew intuitively” (Knight, 2011, p42).

Knight’s (2011) study is based on heuristic enquiry based on her personal experience with ADC. Throughout her thesis, her viewpoints about life, death, spirituality and ADC quite often reflect my own:

There are events and circumstances, call them what you will, which occur in life that defy and contradict the known and expected or even the wanted. Things happen over which individuals appear to have no control. Situations occur in which life seems to propel one individual in one direction toward a certain end, while it simultaneously propels another in a different direction toward a different end. Sometimes events play themselves out initiated by agendas both known and unknown to those participating within the event (p59).

My lived experience is the basis for my desire to carry out this research. What interests me is the catalyst effects of ADC on spiritual growth, and self-awareness, and the implications that these effects may have for the field of psychology. It is my hope that this research will open the floodgates to more research on spiritual experiences in New Zealand.

## ACKNOWLEDGEMENTS AND DEDICATIONS

Ehara taku toa i te toa takitahi, engari kē he toa takitini

*My success should not be bestowed onto me alone, it was not individual success but the success of a collective*

---

I would firstly like to thank my supervisor Dr. Natasha Tassell-Matamua. Your expertise in the field of spiritual experiences has been a huge value to me. Thank you for your continued *tautoko*, patience, and guidance throughout the research process, and for the opportunities that you have provided me with.

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To the kind people who participated in this research I cannot thank you enough for trusting in me and sharing your experiences with me. I am extremely grateful, and I hope you are pleased with the research and the way that I have portrayed your experiences.

I have a tribe of people behind me who have backed me on this journey that I will be eternally grateful for. I wouldn't be here as the person I am today if it weren't for my loved ones; those both living and those who have gone before me. I dedicate this research to you.



Fay Hemopo  
(Nan)  
21/04/1937 – 19/03/2021



Temepara (Temple) Hemopo  
(Koro)  
12/9/1934 – 8/05/2008



Shae Mark Bartley Hemopo  
22/01/1994 – 7/07/2012



Craig Duane Hemopo  
29/03/1961- 02/07/2001

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# CHAPTER 1

## *Introduction*

*“The ultimate message seems to be... the everlasting arms are always there. We can afford to fall, because we will be caught. We can afford to die, for nothing that has ever lived can possibly die”*

(White, 1994, para. 15)

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It is human nature to question what becomes of our loved ones when they die. Death of a close loved one can be one of the most difficult and emotionally stressful events in an individual's life. One of the most difficult aspects of losing a loved one is having to adjust to no longer having their physical presence, guidance, and direction in your life; and having to sever the bond and relationship that we had with that person. The difficulty of severing the bonds that we have with loved ones when we are separated through death can perhaps be attributed to the common Western worldview that death is the absolute end, including the end of connection to others (McCormick, 2014). However, people throughout history have continuously reported events which provide an alternative perspective to this. These reported events include experiences in which a living individual has received communication and messages from a deceased loved one through various sensory means. Reports and research on these experiences cause questioning of whether there is a need to sever the bonds we have with deceased loved ones at all.

This research aims to explore New Zealanders' beliefs and perspectives about the afterlife and their experiences with After-Death Communication (ADC). ADC is a “phenomenon in which a living person has a feeling or sense of direct contact with a deceased person” (Streit-Horn, 2011, p8). Spontaneous ADC - which is the type of experience sought in this research, refers to any form of communication with the deceased that is unexpected or uninvited; meaning that the living person has not willingly sought or initiated the communication. This could be attempted through various



means such as through the use of a medium, seances or ritualistic activities, or through spiritual apparatus such as Ouija boards, crystal balls, or similar devices (Beischel, 2019; Guggenheim & Guggenheim, 1995). Experiences of ADC have been shown to be common, especially within the first year of bereavement (Streit-Horn, 2011).

ADC serves a purpose and a function and is associated with various positive benefits including heightened existential awareness, increased spiritual beliefs, increased belief in life after-death, reduced fear of death and increased purpose and meaning of life (Holden, 2012; Knight, 2011; McCormick, 2014, 2016; Streit-Horn, 2011). The research also speaks to the healing and beneficial nature of ADC experiences among the recently bereaved (Klass, Silverman & Nickman, 1996; McCormick, 2014, 2016; Streit-Horn, 2011).

Despite the various positive psychological benefits associated with ADC, the literature also suggests there is a stigma associated with these types of experiences in a way that people who have the experiences tend not to report them out of fear of negative evaluation or judgement (McCormick, 2014; Rees, 1971; Streit-Horn, 2011). This is problematic because it means that there is potentially a higher number of people having these experiences than what is reported – but people are often fearful or hesitant to report them. The existing stigma and fear of ridicule and judgement that exists among people who have ADC experiences could be linked to an existing view or myth that these experiences are hallucinations or signs of ‘unhealthy grieving’ or, at worst, sign of a mental illness. This could also be linked to the way that psychology has historically viewed spiritual experiences, as summarised by Guggenheim & Guggenheim (1995):

Historically, psychologists, psychiatrists, bereavement counsellors, members of the clergy, and others have dismissed these experiences as hallucinations, delusions, or fantasies. The traditional viewpoint has been that ADCs are the result of wish fulfilment, imagination, magical thinking, or memories caused by grief. In fact, they have usually been called “grief-induced hallucinations” (p13).

Research has disproven this belief; rather it suggests that ADC experiences are common, non-pathological, and mostly extremely healing spiritual experiences. It is because of this that the literature suggests ADC should not be considered pathological, but rather a normal, natural, and accepted part of the grieving process (Guggenheim & Guggenheim, 1995; Klass, Silverman & Nickman, 2006; Rees, 1971).

The values of a society are important contextual factors when researching attitudes to ADCs. When contextualising this research in Aotearoa New Zealand, and Psychology as a field specifically in this context there are many factors to consider. Historically (in the late 18<sup>th</sup> Century) New Zealand was a predominantly Anglo-Saxon Christian Nation (due to the influence of the British Settler's and the signing of *Te Tiriti o Waitangi* (The Treaty of Waitangi) in 1840. Māori, the Indigenous People of New Zealand, traditionally were not religious or Christian but believed in their own Gods of Creation and mythology (Puia, 1990). However, through the process of colonization and government enforcement, such as the likes of the Education Act (1877); which attempted to declare New Zealand as a secular society and enforced Bible education and teaching in schools among other things (Pratt, 2015; Puia, 1990). Majority of Māori converted to Christianity and then diversified to create their own Māori Churches and followings. By the 1900's, religions other than 'Christianity' such as the likes of the Latter-day Saints, were becoming well-established in all cultures in New Zealand, Māori, European, Pasifika, and others. Other religious communities began to increase also such as Buddhism, Muslim, and Jewish (Pratt, 2015). This pattern of religious diversification has continued in New Zealand to produce the multi-cultured nation we have today. However, the trend currently is increasing for New Zealander's identifying as having 'no religion'. In the 2018 Census only 36.5% of the population identified as Christian, compared to 48.2% who reported 'no religion' (Stats NZ, 2021).

The expanding amount of international literature on ADC has contributed largely to the understanding and acceptance of ADC experiences. However, there is a dearth of information on

ADC in a New Zealand population and this research aims to address this issue. I have chosen to complete this research through a qualitative lens as I am interested in hearing the ADC experiences of participants in their own words, and I believe that this approach will provide a rich and deep understanding of their experiences. As I also have my own experience with After-death communication, a phenomenological (hermeneutic) approach is the most appropriate type of research analysis. This research illuminates the importance of discussing and uncovering people's beliefs when they have these experiences, so that they may be better equipped to interpret and understand them; and potentially through open discussion with others, and further research on these *hidden phenomena* - the common (yet problematic) cultural discourse that exists about spiritual experiences will dissolve. Furthermore, this research encourages New Zealand psychologists to learn to understand these experiences to be able to support people positively, to enable them to experience the proven psychological benefits. This research provides a foundation for further enquiry into ADC, and other death-related, spiritual phenomena in New Zealand.

Chapter 2 provides an overview of research on ADC. Firstly, a definition is provided followed by a description of the characteristics of ADC, as well as a discussion of the prevalence of ADC, and factors that may affect prevalence and reporting rates. This is followed by a section that explores existing literature on the benefits of experiencing ADC.

Chapter 3 presents the methodology used in the current research. Firstly, an overview of qualitative research in general is provided, followed by a description of IPA research specifically. This is followed by a description of the procedure used in data collection and analysis.

Chapter 4 presents the findings and results of the research. The first section provides a description of the types of experiences reported by participants. This is followed by a section that presents common interpretations, meanings, and conclusions drawn from the experiences across the participants.

Chapter 5 provides a discussion on the results of the current research and positions it within existing literature on ADC. Implications, applications, and limitations of the findings are discussed also.

## CHAPTER 2

### *Literature Review*

*“If we knew we were not bound by time, space, personality, death, our culture, our species, or even our skin, we would live in a wholly different way, and in an entirely different world”*

(White, 1994, para. 30)

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This chapter explores the current literature on After-Death Communication. The first section describes and defines ADC: what it is and what it looks like. The next section discusses the prevalence and incidence of reporting of ADC experiences. I then attend to the different demographic variables that literature shows are associated with higher incidence rates of ADC experiences. Following this is an exploration of research surrounding the various positive psychological benefits of having these types of experiences.

#### 2.1 What is ADC?

##### *2.1.1 History of Research on ADC*

ADC was first reported as a phenomenon in the context of grief and bereavement as well as in paranormal studies. Reports and publications on the phenomenon (at least in Western literature) date back as early as the late 1800's (Hart-Wright, 2008). The Society for Psychical Research was founded in 1882 and was interested in psi phenomena; as well as personality, dissociation, hypnosis, nonconscious cognition, and other similar topics (Cardena, Lynn, & Krippner, 2017; Hart-Wright, 2008). Early works include 'Phantasms of the Living' (Gurney, Myers, & Podmore, 1886) which investigated the occurrence of ADC experiences among 5,700 individuals. *'The Report on the Census of Hallucinations'* investigated first-hand accounts of peculiar 'phantasms' such as hallucinations that seemed to warn about future events (such as someone's death) (Sidgwick et al., 1984, cited in Hart-

Wright, 2008). In 1901, Flammarion published reported stories of telepathic messages and experiences involving manifestations from the deceased in his work *'The Unknown'* (cited in Hart-Wright, 2008). Flammarion received a huge response from this and began receiving letters from thousands of people telling him of their ADC experiences, which he later published in *'Death and It's Misery'* (Flammarion, 1922, cited in Hart-Wright, 2008). Following these early writings on ADC, subsequent works included the likes of Louisa Rhine, who started collecting accounts of unusual paranormal experiences in 1948 and published them in her article *'Spontaneous physical effects and the psi process'* (Rhine, 1963). Many of the experiences described in this were 'death coincidence' experiences, such as clocks stopping at the hour of someone's death, or experiences in which people were visited by their deceased loved ones to alert them of impending danger. Around the same time as Rhine's work, Lindemann (1944) conducted the first systematic study of bereavement and found that the bereaved commonly report experiencing what he labelled as an 'altered sensorium of grief', which often included visual experiences of the deceased. This was supported by other research such as the work of Rees (1971), who identified this as a common occurrence in the recently widowed, as well as Yamamoto et al. (1969) who found 90% of the 30 Japanese widows interviewed had sensed the presence of their late husbands. 'The ADC Project' by Guggenheim & Guggenheim (1995) involved the collection of more than 3,300 first-hand accounts of ADC experiences through interviews with American and Canadian participants, ranging in age from 8 to 92 years. These authors were inspired to do their research and write *'Hello from Heaven'* (1995) largely by the experiences and works of Dr. Elisabeth Kübler-Ross, a world-renowned psychiatrist. Bill Guggenheim attended Dr. Kübler-Ross' workshop in 1977, titled "Life, Death, and Transition Workshop" where he learned about Dr. Kübler-Ross' own personal experiences with ADC. She described an experience in which she walked with a woman to her office and had a conversation with her; this woman Dr. Kübler-Ross recognised to be one of her former patients who had died almost a year earlier. She explained that the woman had come for two reasons: to thank her, and to tell her not to give up working with the dying. Dr. Kübler-Ross had already earlier decided she would do this, and she was

to hand in her resignation that day. Dr. Kübler-Ross was hesitant to accept the experience as real and requested proof from the woman, to which the woman responded by taking a pen and writing a message on a piece of paper, along with her full name. This was evidence enough to the Doctor that this experience was indeed real, and it changed her entire belief system about death and the afterlife and impacted her entire career. She decided to continue her work with the dying as a result of the experience (Guggenheim & Guggenheim, 1995). 'Hello from Heaven' presents detailed real-life examples of ADC experiences from the participants of 'The ADC Project'.

More recently, Streit-Horn (2011) completed a systematic review of 35 studies investigating ADC published between the late 1800's and 2006. The review included over 50,000 research participants from over 24 different countries. This review compiled the findings of the studies to produce accurate data pertaining to ADC experiences, such as the prevalence, demographic variables, and various psychological benefits associated with ADC experiences. In the same year, Knight (2011) published a doctoral dissertation on ADC and bereavement, titled: "*Ways of being: The Alchemy of Bereavement and Communiqué*". This research utilized heuristic enquiry to explore the nature and meanings of 'communiqué' within an Australian society. Knight defined communiqué as "unexpected and unsought after-death encounters occurring between bereaved individuals and the person close to them who died, the deceased" (p5). The findings of the research revealed that communicate can potentially be a psychospiritually and psychosocially transformative event and is beneficial for the bereaved in many ways. Knight (2011) also highlights the increase in meaning of life and transcendental awareness. McCormick's (2014) thesis on '*The Impact of Post-Death Communication (PDC) on Bereavement*' investigated these experiences among New Zealand and North American populations using thematic analysis. McCormick later published 'After-Death Communication: A Typology of Therapeutic Benefits' (McCormick & Tassell-Matamua, 2016). Both these pieces of literature speak to the beneficial nature of ADC.

### *2.1.2 Defining ADC*

Guggenheim and Guggenheim (1995) coined the term 'After-Death Communication' in their book *'Hello from Heaven*. Their definition of the phenomenon was: "An after-death communication or ADC is a spiritual experience that occurs when someone is contacted directly and spontaneously by a deceased family member or friend" (Guggenheim & Guggenheim, 1995). However, research by Kelly (2002) suggests that ADC can occur with a complete stranger not just a family member or friend. Therefore, the definition used for the purposes of the current research is provided by Streit-Horn (2011), who describes ADC as a: "phenomenon in which a living person has a feeling or sense of direct contact with a deceased person" (Streit-Horn, 2011, p1). Guggenheim & Guggenheim (1996) also explain that an after-death communication experience is a direct experience – a first-hand account. A further refinement of this definition for this research is the inclusion of the term 'spiritual experience', as this is an important aspect of the original definition provided by Guggenheim & Guggenheim (1995). Therefore, the refined definition of after-death communication (ADC) utilised in this research is as follows:

*"A spiritual experience in which a living person has a spontaneous feeling or sense of direct contact with a deceased person"*

Beischel (2019) categorised ADC into four types: spontaneous, facilitated, assisted, and requested. **Facilitated ADC** occurs during a prescribed protocol with a trained professional such as Eye Movement Desensitization Reprocessing (EMDR)-induced experiences. EMDR is a therapeutic technique which involves the use of bilateral stimulation (through visual, auditory, or tactile processes) to facilitate reprocessing of memories that results in reduced psychological distress (Botkin, 2000). Dr. Alan Botkin. Botkin was employed by the U.S Veteran's Association working with veterans to reduce post-traumatic stress following battle using the technique of EMDR. Botkin found that the technique was very helpful for healing emotional pain and also found that the process elicited ADC encounters with some of his clients. This discovery led to Botkin using the technique to facilitate ADC, which worked for the first 81 out of 83 patients to receive treatment (Beischel, 2019).



Botkin was the pioneer of Induced ADC (IADC), as prior to his work it was assumed that after-death communication occurred only spontaneously. **Assisted ADC** is described by Beischel (2019) as ADC that is achieved through the use of a medium. **Requested ADC** is suggested by Beischel (2019) to be experiences of communication that occur as a result of the experiencer inviting or beckoning the deceased to communicate, such as through the use of seances or spiritual devices. Spontaneous ADC must not be sought out or initiated by the living person through the use of mediums, seances or any type of spiritual device (Guggenheim & Guggenheim, 1995). **Spontaneous ADC** refers to a variety of experiences including (but not limited to): sensing the presence of the deceased (such as through visual, olfactory, tactile or auditory means, or through no specific sensory input), vivid dreams of the deceased, receiving messages from the deceased, situations that seem too coincidental to explain such as hearing important or meaningful music on the radio, symbolic messages or representations of the deceased (such as seeing feathers, coins, butterflies etc.), unexplainable electronic or technological phenomena (such as light flickering), deathbed visions, and other unusual unexplainable synchronicities or coincidences (Beischel, 2019; Streit-Horn, 2011). A person can have one or more ADC experiences in their lifetime involving either the same deceased person or someone different (Streit-Horn, 2011). ADC experiences can involve either one or multiple sensory inputs (e.g. visual, olfactory, auditory). Based on the definition of spontaneous ADC, the current research inclusion criteria are that the communication must be:

1. **Spontaneous** – The communication must not be sought out by the participant
2. **Direct** – The participant must have directly experienced the ADC themselves (must be a first-hand account)

The types and characteristics of spontaneous ADC are outlined in **Table 1**. The definitions of the types of ADC used in this research are based on a combination of the definitions used in research by McCormick (2014) and those suggested by Guggenheim & Guggenheim (1995). Visual ADC is the visual perception of the deceased; auditory ADC involves hearing the voice of the deceased or

sounds that can be associated to them; tactile ADC involves feeling the touch of the deceased on one's own body or by sensing the deceased's body (such as feeling the weight of them sitting on the end of the bed); olfactory ADC experiences involve smelling the fragrance of the deceased or something that is associated with them (such as their cologne, or perhaps the smell of cigar smoke if they were a smoker in life, or the fragrance of their favourite flower); sentient ADC involves sensing the presence of the deceased (either through identified or unidentified sensory means); Kinaesthetic ADC experiences involve movement or other bizarre physical phenomena, for example a door opening and closing, a butterfly fluttering, or electrical phenomena such as light flickering; 'Out of body' ADC experiences have been reported, in which the communication happens with the deceased while the experient is in an out-of-body state; Sleep state ADC is where the living experiences a particularly vivid, life-like dream of the deceased, or experiences with the deceased that occur as the person is just falling asleep or waking up (McCormick, 2014). Another type of ADC specified by McCormick (2014) is veridical ADC experiences; in which the living person receives information or knowledge from the deceased that is later proven to be true, that the living could not have otherwise known. An example of this is ADC experiences in which the living learns of the deceased person's passing through the experience before they have been advised of it in real life. The most common types of ADC are sleep-state, visual, and sentient (Streit-Horn, 2011).

**Table 1**

*Characteristics of ADC Experiences*

<i>Type of ADC experience</i>	<i>Description</i>
<b>ADC CONTENT TYPE:</b>	
Visual	A visual perception of the deceased as if they are physically present (McCormick, 2014).
Olfactory	Smelling the fragrance of the deceased or something that is associated with them (such as their cologne, perhaps the smell of cigar smoke if they were a smoker in life, or the fragrance of their favourite flower) (McCormick, 2014).
Symbolic	Experiences that involve the use of meaningful symbols to indicate the presence of the deceased or to provide messages or warnings (McCormick, 2014).

Auditory	Hearing the voice of the deceased or sounds that can be associated to them. This voice can either be external (the voice is heard through the ears) or internal (the voice is heard inside the persons mind) (McCormick, 2014; Guggenheim & Guggenheim, 1995).
Sentient	Sensing the presence of the deceased (Guggenheim & Guggenheim, 1995).
Tactile	Feeling the touch of the deceased on one's own body or by sensing the deceased's body (such as feeling the weight of them sitting on the end of the bed) (McCormick, 2014). For the purposes of this research, sensing change in temperature is also considered tactile.
Kinaesthetic	Experiences that involve movement or other bizarre physical phenomena, for example a door opening and closing, a butterfly fluttering, or electrical phenomena such as light flickering (McCormick, 2014).
<b>ADC CIRCUMSTANCES TYPE:</b>	
Sleep-state	Experiences that occur during a sleep state, where the experiencer will have a particularly vivid, lifelike dream of the deceased or may have an ADC experience as they are just falling to sleep or waking up (McCormick, 2014).
Out-of-body	Experiences where the after-death communication experience occurs while the experient is in an out-of-body state (McCormick, 2014).

### 2.1.3 The Spiritual Dimension of ADC

Guggenheim and Guggenheim (1995), specifically define ADC as a type of *spiritual* experience. The authors do not specify in their definition of ADC specifically *why* they chose to do so. It is therefore important to explore how literature defines a '*spiritual experience*' to uncover how ADC is positioned within this framework. Hinterkopf (1997) proposed a definition of a spiritual experience as: "*a subtle, bodily feeling with vague meanings that brings new, clearer meanings involving a transcendent growth process*" (p76). This definition highlights the subtle nature of a spiritual experience, the physical sensations associated, as well as mention of *transcendental growth* which can be interpreted as growth that provides a clearer understanding to the bigger picture and meaning of life - and provides insight into transcendental possibility. The definition provided by Hinterkopf (1997) appears to be vague and unspecific, and therefore the link between a spiritual experience and ADC is not captured with this definition. There have been various other terms coined to encapsulate 'spiritual experiences' (such as ADC) including hallucinations of widowhood (Rees,

1971); post-death contact (Kalish & Reynolds, 1973; McCormick, 2014), parapsychological experience (Thalbourne, 1982), ideonecrophobic experience (MacDonald, 1992); idiophany (Barbato, et al., 1999); perceived presence (Datson & Marwit, 1997); anomalous experiences (Damaris & Drewry, 2003), and afterlife encounters (Arcangel, 2005). Thalbourne (1982) defines parapsychological experiences as “processes that are, in principle, physically impossible or outside the realm of human capabilities. In the context of bereavement these experiences most commonly take the form of a visual, auditory, olfactory, or tactile hallucination or a sense of someone else (usually the deceased) being present” (cited in Barbato, 1999, p30). Damaris & Drewry (2003) specifically define ADC as an ‘anomalous experience’ as it deviates from the ‘usually accepted’ explanations of reality. Cardena, Krippner, & Lynn (2017) also provide a definition of an anomalous experience as: “an uncommon experience...or one that, although experienced by a significant number of persons is believed to markedly deviate from ordinary experience or from the usually accepted explanations of reality according to Western mainstream science” (p4). These definitions compare to Thalbourne’s (1982) earlier definition of a parapsychological experience (above) as they both suggest these types of spiritual experiences involve phenomena that are *unknown*; more specifically, these phenomena extend beyond the ‘*usually accepted*’ boundaries of reality – which are based on what Western science has *empirically* suggested them to be. Modern, conventional psychology as we know it today, is largely based on and derived from a Western worldview. Western epistemology is based on a reductionist and materialist philosophy: you can only prove what you can physically observe. This ‘scientific’ way of understanding the world emphasizes scientific principles and laws such as cause and effect, objectivity, positivism, and empirical verification (McCormick, 2016). It is because of this epistemology and philosophy that psychology as a discipline is sceptical of any human experience that contravenes these understandings and considers them to be unusual, abnormal, and/or anomalous: such as spiritual experiences (Tassell-Matamua & Frewin, 2019). Through my research I discovered that many of the terms (above) that have been used to describe spiritual experiences are pejorative in nature and associated with negative connotation, such as the

use of the term “hallucination”. Furthermore, other definitions, such as that suggested by Damaris & Drewry (2003) above, only describe part(s) of the spiritual experience and do not capture the whole experience. Therefore, for the purposes of this research I have coined my own definition of a spiritual experience, which I have derived and adapted from the above definitions. This definition is preferred as it is non-judgemental and not associated with negative connotation, and it attempts to capture the main aspects that research has identified is associated with a spiritual experience: “An experience that extends beyond the usual explanations of reality according to mainstream western science, that increases one’s awareness of transcendental possibility”. This definition captures the full spiritual experience and aims to clarify for the readers how ADC can be positioned within this framework. However, ADC must firstly be differentiated from other types of *spiritual experiences*. Other types of spiritual experiences include near-death experiences (NDE’s) which are: “profound life-changing phenomenon occurring in people close to death, temporarily dead, or those pronounced clinically dead” (Tassell-Matamua, 2013). There is a range of literature on NDE’s in a New Zealand population. The first large scale quantitative study of NDE’s done by Tassell-Matamua & Murray (2014) found that New Zealander’s NDE’s share similar characteristics to Western populations. Another type of ‘spiritual experience’ is end-of-life-experience (ELE). Various research highlights that unusual phenomena are known to occur in the final weeks, days, and hours of one’s life. These phenomena are “physically impossible occurrences” that extend beyond the reality, accepted norms, and cultural expectations of modern Western society (Tassell-Matamua & Steadman, 2015). Possibly the most common ELE is death bed visions. These are experiences where a dying individual will report having sensory communication (such as seeing, hearing or feeling their touch) with a loved one who has usually already passed away (Tassell-Matamua & Steadman, 2015). It is common for the dying individual to make comments that they are going to join their loved one or that their deceased loved one has come to get them. It is also common for the individual to report feelings of comfort and reassurance at their experience (Tassell-Matamua & Steadman, 2015). These

other types of spiritual experiences may be drawn on due to the lack of literature on ADC in New Zealand.

## 2.2 Prevalence, Incidence & Reporting of ADC

The findings of the review revealed that experiences of ADC are common, with approximately 30-35% of people experiencing at least one ADC in their lifetime (Streit-Horn, 2011). The top five studies included in the review that investigated prevalence were conducted in the United States, therefore this estimate is likely based on mainly American participants. There is currently no literature that has identified the incidence rate of ADC in New Zealand. Streit-Horn (2011) concluded that the incidence of ADCs was consistently higher among the bereaved than in the general population. Streit-Horn (2011) found that 80-85% of bereaved people are likely to have one or more ADC experiences within a year of their bereavement. This supports the findings of Barbato et al. (1999); who reported 22% of their participants' ADC experiences were within 48 hours of their loved one's death, 33% within 2-7 days, and 45% after one week. Barbato (1994) concluded that the more recent the loss, the more common the experience was, and the frequency of experiences declines after the first year. Rees (1971) interviewed 227 widows and 66 widowers and found almost half had experienced hallucinations or illusions of their dead spouse. These "hallucinations" were most common during the first 10 years of widowhood. One study in the systematic review by Streit-Horn (2011) specifically differentiated between grieving and non-grieving participants and found a higher percentage of ADCs in those who were grieving.

Although ADC experiences may be more common during bereavement they can also occur years after, as shown by Parker (2005) whose research shows an average bereavement time for their participants who have experienced ADC is 14.5 years; the shortest bereavement time of which was five years; and the longest being over 30 years. The most common type of experiences for participants in this group were sense of presence experiences and dream-state experiences.

Research indicates that ADC is more likely to occur when there is a strong relationship between the bereaved and the deceased, such as parents and widowers (McCormick, 2016; Guggenheim & Guggenheim, 1995). Research by Rees (1971) found that almost half of his sample of widowed people reported having an ADC experience, and the odds increased when it was a happy marriage.

Other research findings indicate that ADC can also occur in the absence of grief and bereavement. One participant in research completed by McCormick (2016) reported a lack of connection with the acquaintance that they had the ADC experience of. Research by Kelly (2002) found that emergency service workers who were at the scene of a fatal injury have experienced ADC involving the victim of the accident; someone who is a complete stranger to them.

### *2.2.1 Factors that affect reporting of ADC*

Although ADC experiences are common, research highlights that people are often hesitant to report their experiences due to fear of ridicule or judgement. This finding highlighted in research by McCormick (2014); in which 13 of the 14 participants reported concern about social condemnation if they reported their ADC experiences. Rees (1971) found that most widowed people in his sample had not previously disclosed their experiences; only 27.7% of his sample had done so. Of the 99 people in his study that had not previously mentioned their experiences, 51 of these could give no reason for not having done so. Of those people who did offer explanation for not disclosing their experience previously, the most common explanation was fear of ridicule. Other reasons included: that it was too personal, there was no previous inquiry, that people would not be interested, that it would upset relatives and that it was unlucky to discuss it (superstitious fears). Rees (1971) concluded from his findings that bereaved people are reluctant to reveal information that might lead other people to think that they are not coping with their loss, or that they are mentally ill. During interviews for this research, majority of participants would start their reports by saying something like “this is going to sound crazy” or “you’ll probably think I’m crazy”. This finding

was also highlighted in research by McCormick (2014); in which 13 of the 14 participants reported concern about social condemnation if they reported their ADC experiences. This is problematic because it means that there is potentially a higher number of people having these experiences than what is reported – but people are often fearful or hesitant to report them.

There are many reasons the literature attributes to the disclosure stigma associated with ADC. It could be due to ADC (and other types of spiritual experiences) deviating from the Western worldview that psychological research and practise is based on (McCormick, 2014; Tassell-Matamua & Murray, 2014). Kason (2008) stated: “Unfortunately, until now, Western medicine, psychology, and society as a whole have been quite uninformed about mystical experiences and their prevalence among people today” (pxvii). Kason (2008) explains that his own personal NDE in 1979 was invalidated by friends, colleagues, and even medical professionals, claiming that his experience must have been a dream or an “electrolyte imbalance”. This scepticism denies and invalidates the importance of the experience and the important aspect of spirituality in people’s lives and psychological well-being. Furthermore, it could also perhaps be influenced by the way that our psychologists, psychiatrists, and mental health care workers are trained in New Zealand. Research such as that of de Beer (2000) identified a ‘religiosity gap’ between clients and therapists in New Zealand. This study found that two thirds of the sample of patients reported having spiritual beliefs, whereas atheism and agnosticism were reported more frequently by the psychiatrists in the sample. Further from this, the study also identified that only 11% of the sample of patients reported spirituality was incorporated into their psychiatric assessments. This study also identified that 94% of the psychiatrists surveyed reported that they had not received any formal or informal training in the area of spirituality. It could be suggested that the reason for the lack of spiritual incorporation in psychological assessment and treatment in New Zealand could be due to the Western, scientific basis of psychology and psychiatry:



“Psychology has had a long history of being neglectful, if not outright antagonistic, to issues related to spirituality and religion, often finding those who are spiritual or religious as being deluded or at least not as psychologically healthy and advanced as they could be” (Plante, 2007, p892).

Furthermore, the existing stigma that exists around reporting ADC experiences could potentially be attributed to the myth that ADC's are a sign of unhealthy grieving or at worst, psychological illness. Research has challenged and disproven this myth and suggest that because 'parapsychological experiences' are so common in the context of grief and bereavement that they should not be considered pathological, but rather a normal and natural part of the grieving process. In Rees' (1971) study, majority of the participants (68.6%) found their experience to be helpful, only 5.9% found their experience to be unpleasant, and 25.5% found their experience to be neither helpful nor unpleasant. Rees (1971) concluded that “...hallucinations are normal experiences after widowhood... they do not affect overt behaviour; they tend to disappear with time; there is no evidence of associated illness or abnormality to suggest they are abnormal features” (p41). The research of Guggenheim and Guggenheim (1995) supports this idea, as many of the participants they interviewed reported that having an ADC provided them with a great deal of comfort and emotional healing, especially those who were newly bereaved. Rees (1971) identified that the incidence rate of depression was similar for those who have experienced ADC and those who have not. Fifteen studies included in the review by Streit-Horn (2011) reported mentally healthy participants, compared to three studies that reported mentally unhealthy participants. Similarly, research by Tassell-Matamua and Murray (2014) investigated the link between near-death experiences and psychological illness within a New Zealand sample by asking participants whether they had suffered or been diagnosed with any psychological issue prior to experiencing their near-death experiences. This was to decipher whether or not a specific psychological profile is a predisposition to, or an aftereffect of experiencing an NDE. No significant relationships were found between NDE depth and pre-NDE history of drug addiction, brain trauma, sleep disorders, mental illness, or memory difficulties; indicating that these

factors are not antecedents to experiencing an NDE. Kelly (2002) examined the mental health of the emergency workers and found no reported or exhibited symptoms of mental illness.

### 2.3 How do people describe their experiences?

Experiences of ADC in general have been shown to be extremely vivid. Research by Barbato (1999) found 66% of their participants reported their experience as moderately or extremely vivid. People who report having sleep-state ADC experiences report that they are different to ordinary dreams because they are more real and vivid (Streit-Horn, 2011). The implications of this finding could mean that ADC experiences remain vivid in a person's memory for a long period of time and can have life-long impacts. This finding is particularly important for childhood experiences of ADC because if the experiences are vivid and the effects long-lasting, the person should therefore be able to recall the childhood experience years later.

Experiencer's of ADC typically report their experience in majority positive terms. However, there has also been reported instances of negative experiences. Streit-Horn (2011) found 12 of the 35 studies she investigated reported negative effects of ADC, mostly fear and confusion as a result of not understanding the phenomenon. Other negative effects of ADC reported are induced feelings of sadness, loss and grief (McCormick, 2014). These more negative aspects of ADC are attributed by Streit-Horn (2011) to be due to a lack of understanding of ADC as a phenomenon because this disallows the participants to be able to contextualise and integrate their experience. The anxiety and fear that can be invoked during ADC experiences are merely due to the nature of the topic; due to the uncertainty surrounding what happens at and after death, the topic can evoke strong feelings of anxiety and confusion.

### 2.4 Demographic Characteristics of Experiencers of ADC

This section outlines the individual demographic variables that research suggests potentially influence the likelihood of having an ADC experience. An ADC experience can happen to anyone

regardless of race, gender, age, religious affiliation, level of education, cause of death and spiritual beliefs. The systematic review completed by Streit-Horn (2011) found no significant correlations between ADC experiences and demographic characteristics such as age, culture, gender, or education level, suggesting that any person may experience it during their lifetime. Streit-Horn (2011) also highlight that the data drawn from their review indicate that ADC's occur in non-clinical, healthy populations of people. This supports the earlier research by Ross and Joshi (1992), who stress that paranormal experiences are not pathological and are more common in psychologically healthy people (cited in Barbato, 1994). However, in contrast, there is some research that suggests that there are certain demographic characteristics which appear to impact the likelihood of experiencing ADC, which are presented and discussed below (McCormick, 2016).

#### *2.4.1 Gender*

Research demonstrates that it is more common for females to experience ADC and other spiritual experiences. MacDonald (1992) concluded that when the effects of age, death trauma, and religious affiliation were controlled, females were found to have higher odds of experiencing an "idionecrophany" than males. More specifically, the research found the odds of experiencing an idionecrophany were 65.7% higher for women than for men. In Barabato's (1994) study investigating the occurrence of ADC's in next of kin, 92% of participants were female. Of the 17 studies included in the systematic review completed by Streit-Horn (2011), 13 of these indicated a higher occurrence of ADC in women compared to men, and the other four studies indicated no difference. Women are more likely to have a visual, auditory or tactile experience compared to men, who are more likely to have an olfactory experience (Klugman, 2006, cited in McCormick, 2016). Findings by Daggett (2005) show that both men and women experience ADC, but men are more reluctant to discuss their experiences with others.

#### *2.4.2 Age*

Streit-Horn's (2011) systematic review revealed inconclusive results regarding age, however, those studies that did find a significant difference showed older individuals as more likely to have experienced ADC. This could be due to the fact that older people perhaps have experienced more death in their lives as they have been around for longer, or perhaps they are more likely to be alone or retired, and therefore less distracted and more able to pay attention to the subtleties of ADC.

### *2.4.3 Education Level*

There is a lack of consensus regarding the impact of education on experiencing ADC, hence Streit-Horn (2011) concludes that the data is inconclusive. Out of the eleven studies included in the systematic review by Streit-Horn (2011); five of these reported a negative correlation (more ADCs correlated with lower education level), five reported no difference, and only one reported a positive correlation. Streit-Horn (2011) concludes that this points toward the finding that the lower a participant's level of education, the more likely they are to report an ADC. However, more research is needed to confirm this especially within New Zealand, as research on ADC in this context is sparse.

### *2.4.4 Culture*

Various literature speaks to the importance of culture when investigating topics associated with death and dying. According to Hsu, O'Connor, and Lee (2009): "The issues of death and dying are culturally constructed with particular social and historical experiences" (p169). This is supported by Nikora, Masters-Awatere and Te Awekotuku, (2012) who state that our views of death and what happens after physical death is shaped by our culture: "Religious and cultural beliefs about death, bereavement, mourning and an afterlife are beliefs that are enculturated. They are absorbed by children as they engage, think about and are affected by events and influences around them" (p12). Osis (1961) investigated the experiences of death-bed patients who reported seeing their deceased relatives. An important finding of this research was that certain features of these experiences appeared to be cross-cultural, such as bright colours, peace, harmony, and extraordinary beauty. Research on NDE's in a New Zealand population has highlighted that the phenomenology of these

experiences may in fact be culturally bound. Research by Tassell-Matamua and Murray (2014) revealed that Māori participants experienced *deeper* NDEs compared to Pākehā and European participants. The reasoning for this was hypothesised by the authors to be potentially due to cultural beliefs about the afterlife, as well as a greater cultural acceptance of ‘transcendental experiences’:

Perhaps cultural beliefs regarding the afterlife, greater cultural tolerance and acceptance of transcendental experiences, and supernatural beliefs and explanations for unusual experiences may have some bearing on the occurrence and/or reported depth of NDEs in individuals identifying with the Māori ethnic group (p22).

Tassell-Matamua (2013) concludes from her research of a single case study of a Māori participant’s NDE, that the characteristics of the experience resemble those of other cultures; however, the *interpretation* of the event is culturally dependent. In other words, the participant interpreted their experience in a way that was dependent on their cultural beliefs, in a way that was meaningful to them. Tassell-Matamua (2013) concludes that this participants’ NDE was influenced and potentially constructed by Māori cultural expectations of what happens after physical death. Houran and Lange (1997) support this and conclude religious, spiritual, and cultural beliefs influence the *content* and *interpretation* of parapsychological experiences, and not necessarily the frequency of them.

## **2.5 The impact of ADC on grief**

There is a vast amount of literature that speaks to the healing and beneficial impact of ADC on grief and bereavement. Research by McCormick (2016) found ADC was beneficial in grief resolution as a whole and other benefits of ADC included comfort, continuation, and growth. Participants expressed that they enjoyed the ADC experience and that it provided solace and support to help ease their grieving. Grief includes not only the emotion of sadness due to bereavement but can be associated with other forms of emotional distress and unresolved issues,

for example unresolved issues or resentment between the deceased and those still living, or perhaps anger and feelings of unjust at the loved one's death. A benefit of ADC is resolution of these negative emotions (McCormick, 2016). Phenomenological research by Nowatski and Kalischuck (2009) looked at ADC experiences of 23 individuals and investigated the impact of these experiences on the individual's grief. The researchers found that the experiences helped to resolve negative emotions such as guilt, which aided in the participants healing and grief process.

### *2.5.1 Continuing bonds*

Continuing bonds is a theory of bereavement developed by Klass, Silverman, and Nickman (1996) that suggests a change in the way that we think about the bereaved and their relationships with deceased loved ones. It is defined as: "the presence of an ongoing inner relationship with the deceased person by the bereaved individual" (Root & Exline, 2014, p1). Continuing bonds theory suggests that maintaining an ongoing spiritual relationship with the deceased is helpful for recently bereaved in terms of their grieving process (Parker, 2005):

...continuing bonds with the deceased serve adaptive functions such as: helping individuals to determine their values, attitudes and choices for behaviour; helping individuals to derive a sense of emotional comfort; and aiding individuals in establishing meaning and direction for the future (p277).

Klass, Silverman, and Nickman (1996) highlight that the previous views of grief and bereavement suggest that 'successful mourning' is achieved through disengaging with the deceased, letting go of the past, and moving on. Prior to the continuing bonds theory, maintaining connections with the deceased was viewed as detrimental to the mourning process, and at worst, symptomatic of psychopathology and unhealthy grieving. In contrast, Klass and colleagues proposed that it is normal and healthy for the bereaved to maintain connections with their deceased loved ones, and that mourning is a process to which there is no definitive end. They suggest that people do not 'resolve' grief, rather they learn to accommodate their grief into their lives and adjust to life without

the physical presence of their loved one. The goal of grieving in the continuing bonds model is not to 'get over' the death of a loved one, but to redefine and restructure one's relationship with the deceased (Klugman, 2006). Klass et al. (1996) suggest that losing a loved one is more than simply losing the person; it is also the social role and relationship that existed that is lost. The social roles that existed between the living and the deceased were suggested to be important for navigating existing relationships with other people and decision making. Continuing bonds theory proposes that death does not have to be the end of the social roles and relationships that existed between the deceased and the living prior to their death, but that it merely *changes* the relationship from a physical one to a more spiritual relationship.

Examples of behaviours that encompass the idea of continuing bonds include reminiscing about the deceased, keeping possessions of them, telling stories about them and looking at photographs of them (Root & Exline, 2014). Other examples of continuing bonds include the bereaved individual allowing the deceased to maintain an influence on their life, such as through internalizing the values and beliefs of the deceased, taking on their characteristics, and viewing the deceased as a guide for the bereaved individuals decisions and behaviours (Root & Exline, 2014). ADC can be viewed as an example of the bereaved attempting to maintain bonds with the deceased and can be interpreted as belief that their loved ones' spirit continues after physical death (Root & Exline, 2014).

## 2.6 Psychological benefits of ADC

Many people describe their ADC experiences in positive terms and identify many therapeutic benefits of their experience such as: comfort and reassurance, love, protection and guidance, meaning and purpose to life, increased belief in life after death, hope; as well as solutions to previously unresolved resentment, and reductions in feelings of loss, anger, guilt, and fear of death (Damaris & Drewry, 2003; McCormick 2016; Streit-Horn, 2011). Research by Drewry (2002) found that participants reported feeling blessed and privileged by their ADC experiences, even if initially

frightened by it. This research also found that participants reported spiritual and personal growth, reduced existential fears, and expanded existential awareness. Research by Nowatski and Kalischuk (2009) found that the emotions participants expressed when describing their ADC experiences were positive and associated with love, connectedness, and comfort. Participants reported personal and spiritual growth as a result of their experiences, such as increased compassion and connection to others. McCormick (2016) concludes that ADC's are beneficial because of the comfort that they provide for the experiencers. This comfort is suggested to be related to a sense of hope that deceased loved ones continue to exist post physical death, and that this provides hope for the experiencer of ADC that they too might survive physical death and be reunited with their loved ones.

Other spiritual experiences such as near-death experiences have been proven to trigger significant changes and positive benefits in New Zealand populations (Tassell-Matamua et al., 2016). Reported benefits include a reduced fear of death, increased sense of well-being, increased self-esteem, enhanced appreciation for life, decreased interest in materialism, a focus on loved ones and family, and increased sense of spirituality (Tassell-Matamua et al., 2016).

### *2.6.1 Reduced fear of death*

Research by Tassell-Matamua & Lindsay (2016) highlights that a main benefit or aftereffect of NDE's is loss of the fear of death. This loss of death anxiety is shown to be maintained over time. The researchers propose this could potentially be explained by the positive emotions that are associated with NDEs including joy, happiness, and unconditional love. Also, many experiencers of NDE report having an out-of-body experience in which they believe their soul leaves their physical body. According to those who have this experience, it provides evidence of the soul surviving physical death. Further from this, other NDE experiencers report meeting deceased loved ones during their experience, which provides them with verification that their experience was indeed real. These factors are suggested by Tassell-Matamua (2013) to be associated with a reduced fear of



death. This research mentions terror-management theory which proposes that fear of death is the underlying motivator for most of human behaviour, which can be both beneficial and detrimental - the detrimental effects of it can be seen in pathological conditions. Tassell-Matamua (2013) suggests that it is lack of understanding of the death process that can lead to potentially debilitating psychopathological states, and further suggests that experiencing an NDE may increase understanding of the death process – and therefore reducing death anxiety, which may be a protective factor for the experiencers. This same conclusion could potentially be made for experiencers of ADC.

### *2.6.2 Spiritual growth: ADC as an Exceptional Human Experience (EHE)*

ADC experiences are thought to alter the worldviews and belief systems of those experiencing them and induce a greater realisation of one's spirituality and their position in the cosmos: the bigger picture (Damaris Drewry, 2003). Michelle Knight (2011) makes reference to this spiritual catharsis through the use of the word *alchemy* which “correspond(s) to the metaphor of self-change and psychospiritual growth through transformation” (p. 6). Damaris and Drewry’s (2003) research found that participants who had experienced ADC reported “an expanded awareness of the meaning of life and death, feared death less, felt confirmed in who they believe themselves to be, and had a new understanding of themselves in relation to a bigger picture or universal grand plan” (p. 78). Participants in research completed by Nowatski and Kalischuck (2009) also reported life changes and personal growth after experiencing ADC. All participants included in the study by McCormick (2014) reported a sense of personal growth from their ADC experience. Research by Tassell-Matamua et al. (2016) indicates that merely *learning* about near-death experiences is associated with positive benefits and was shown to increase participant’s level and extent of spirituality.

Exceptional Experience (EE) is an event, which catalyses a longitudinal spiritual change or awakening, which is referred to as an Exceptional Human Experience (EHE) (Damaris & Drewry, 2003). According to Damaris & Drewry (2003):

EE's are transitional, transformative experiences that serve as a bridge between an old identity and a new one where the old one is marked by isolation and the new one by connectedness. They open the field of awareness, disrupt the cultural fabric of the experiencer, and open the door to a whole new way of perceiving physical and non-physical reality (p82).

According to White (1994), humans have a fundamental uneasiness about their lives, and feel a sense of incompleteness, that something is missing from their lives. The solution to this uneasiness according to White is to connect with the higher self. This connection with a higher self is suggested to "save" humans from their fundamental uneasiness about life, to answer the big questions in life and becomes a transformative process (White, 1994). Due to the spiritual growth that comes after experiencing ADC, researchers have identified ADC as a type of 'Exceptional Human Experience'. Research by Whitney (1992) (cited in Damaris & Drewry) found that participants felt a stronger sense of connection and were more sure of their place in the world as a result of their ADC experiences.

This spiritual growth or catharsis that comes from experiencing ADC and other types of spiritual events has been explained using various terms such as mystical experiences, psi experiences, transpersonal experiences, parapsychological experiences, paranormal experiences, and others. Kason (2008) coined the term spiritually transformative experiences (STE's). Kason (2008) explains that there are many long-term aftereffects of STE's including spiritual transformation: *"an STE often seems to herald the beginning of a long-term process of spiritual transformation of consciousness"* (pxvii). *"With near-death, spiritual energy/kundalini and mystical*

*experiences, the veil that normally clouds our perception temporarily lifts, and we get a brief, clear glimpse of farther shores”* (Kason, 2008, pxix).

Holden (2012) expands on the work of Kason (2008) and explains that not all potentially spiritually transformative experiences actually are spiritually transformative, meaning they have the potential to be transformative, but the experiencers themselves don't always view their experience in this way. Holden (2012) suggests the use of “transpersonal experiences” or “potentially spiritually transformative experiences (pTSE's), which *“in some way involve the transcendence of the usual personal limits of space, time, and/or identity – and that hold the potential for spiritual development and/or transformation”* (p66). Regarding spiritual transformation, transformation is defined as temporary states of consciousness developing into relatively permanent traits (Holden, 2012). When this transformation involves features such as a greater sense of connectedness, greater compassion, and a greater sense of meaning and purpose in existence, it is referred to as spiritual (Holden, 2012).

## 2.7 The importance of pre-existing beliefs

Yamamoto et al. (1969) concluded from their research on recently widowed individuals that when widows were “given permission” (from others) to admit that they had sensed contact from their late husbands, they were more likely to do so (cited in Hart-Wright, 2008). An impressive 90% of the 30 widows interviewed in the research reported sensing the presence of their late husbands. The authors conclude that the two main religions in Japan (Buddhism and Shinto) both assume the existence of after-life and the presence of the deceased, which may have increased the reporting rates in this population. Interestingly, authors Tassell-Matamua & Murray (2014), found that NZ participants who have experienced an NDE who *believe* their NDE to be indicative of life after death had significantly *deeper* NDE's compared to those that did not believe the experience. This highlights that beliefs about spiritual experience are important for the experiencer's outcome.

Kennedy and Kanthamani (1995) suggest that a world view that is open to the existence of life beyond the physical realm can be conducive to health and well-being. These researchers developed

'The Index of Changes Resulting from Experiences' questionnaire and, using this questionnaire, found increased interest and belief in spiritual matters (such as desire to achieve a higher consciousness, belief in life after death, and interest in spiritual or religious matters) and an increased well-being (such as feelings of happiness, sense of connection, optimism about the future, purpose or meaning of life, and motivation to maintain health) in those who had experienced a 'paranormal or transcendent' experience. These researchers conclude that people who are actively interested in or have experienced parapsychology, report that these experiences have enhanced their spiritual beliefs and their well-being.

This chapter has presented a description and definition of ADC; the types and characteristics of it, history of research on ADC, who can experience it, and the prevalence and incidence rates of ADC. This was followed by a presentation of the various psychological benefits that research has associated with experiencing ADC. Given that ADC is common, and that research has identified various positive psychological benefits associated with ADC experiences, it is important for medical professionals, psychologists, counsellors, and even the general New Zealand public to be more aware of and understanding of ADC experiences. With more information and understanding hopefully will come more acceptance of the phenomenon - increasing the likelihood of people to report and openly discuss their experiences and potentially experience the proven psychological benefits of doing so.

## CHAPTER 3

### *Current Research Methodology*

*“The results of good qualitative research provide rich and descriptive narrative, bringing the phenomenon under study to life”*  
(Devers & Robinson, 2002, p241).

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This chapter describes the methodology used in the present research. First, an overview of qualitative methodology is provided to provide an understanding of why this methodology was selected as more appropriate than a quantitative approach. This is followed by a description of Interpretative Phenomenological Analysis (IPA), specifically to provide understanding of why this type of qualitative analysis was selected. Lastly, a description of the participants and procedure used in the research is provided.

#### 3.1 Qualitative Methodology

The methodology used in this thesis is qualitative rather than quantitative, due to the abstract nature of the topic ADC. Research shows a qualitative approach is more suited to abstract research topics such as death and topics in spirituality (Hart-Wright, 2008). A qualitative approach allowed for investigation into the participant’s feelings and perspectives of their experiences, which would not have been possible with a quantitative approach. A qualitative approach was valuable to this research because it allowed the focus to be on quality, process, and meaning, as opposed to quantity and frequency that are the domains of quantitative research (McCormick, 2016). Majority of qualitative research methods rely on an inductive approach to data collection and analysis (bottom-up) rather than a deductive (top-down) approach (Pietkiewicz & Smith, 2014). This means analysis and data collection for this research was a continuous and interconnected process. The type of data used in this research was the verbatim interview transcripts. Qualitative data is analysed

thematically compared to quantitative data which is more statistical in nature. Analyses and results of the research were formed and refined through complete immersion in the data continuously throughout the entire research process, and the final presented results are the end-product of this process.

### *3.1.1 Interpretive Phenomenological Analysis (IPA)*

Interpretive phenomenological analysis (IPA) is a type of qualitative research that aims to study phenomena as they naturally exist in the world, mostly phenomena that are not *obvious* and are hidden from plain view (Hart-Wright, 2008). Interpretive phenomenology is a suitable method of enquiry when there is little known about the 'hidden' phenomenon of interest. This is appropriate for research on ADC experiences as research has previously highlighted a 'disclosure stigma' among people who experience ADC (McCormick, 2014; Rees, 1971; Streit-Horn, 2011). More specifically, people who experience ADC have indicated they felt hesitant to report their experiences due to fear of ridicule or negative judgement. Furthermore, the literature on ADC experiences in a New Zealand context is sparse; therefore, an IPA approach to this research appeared even more appropriate.

IPA positions itself from a view that people's experiences are shaped by their experience of the world so far, which in turn, are shaped by what makes this person who they are: their culture, their gender, their sexuality, their religion, their spirituality. IPA recognises that all these factors (among others) form individuals' worldviews and shape the lens that this individual now looks at the world through. IPA acknowledges that we all have our own unique perspectives and worldviews, which affect how we navigate, understand, and make sense of the world: captured well by Knight (2011):

"Individuals in a sense create their own personal epistemology, their own knowing and understanding of the world in which they live, which itself is often a converging of diverse and changing influences. As it impacts and interacts with the individual, this confluence converges to manifest as a specific interpretive lens, and various proclivities and attitudes, and is the

framework which provides the structure of my worldview. It encompasses my culture, my education, my gender, my ethnicity, my familial and social context and environment, my thoughts, my religious and spiritual beliefs, experiences and behaviours, my sexual orientation and my emotional, psychological and psychospiritual history. It is derived from the subjective experience of my existence as an embodied being, and constitutes the lens through which I look to view, know and find meaning in the visible social, cultural and material world” (p36)

IPA falls under the umbrella of phenomenological research (or hermeneutic enquiry). Phenomenology’s founder, Husserl, developed phenomenology as a rigorous and scientific study of things as they appear to be, naturally. Heidegger took this a step further and was interested in *interpreting* people’s experiences in the world, developing existential philosophy and hermeneutics (Pietkiewicz & Wright, 2014). Hermeneutics accentuates the need to comprehend the mindset of a person and their language, as this mediates their experience of the world, to be able to understand their message. In other words, hermeneutic enquiry encourages a researcher to ‘walk in the shoes’ of their participants to be able to clearly represent their experience, while also recognising that this is never completely possible, as you as a researcher come with pre-existing biases and your own different and unique perspective of the world (Pietkiewicz & Smith, 2014). An IPA researcher recognises that their own perspectives could potentially shape the research results and therefore, IPA involves being open and honest about one’s own position on the subject of interest, and recognising that it will potentially differ to the perspective of the research clients (Pietkiewicz & Smith, 2014). Put simply, an IPA researcher attempts to try and understand what an experience is like from the participant’s perspective, while being mindful of their own worldviews and biases. It is important for an IPA researcher to have experienced the phenomenon under observation (Wright St-Clair, 2014). Taking all of this into consideration, continuous reflection was an important and continuous step in this research, which involved constant acknowledgement, reflection, and consideration of my own personal perspectives and biases as the researcher. An IPA approach to this

research was chosen due to the author having had their own ADC experience, as well as to provide rich description and interpretation of what it means to have an ADC experience for the participants.

### 3.3 Current Research Aims

This research aims, at the very least, to provide insight into New Zealanders ADC experiences; to help have their experiences with ADC heard, and to help to break down the stigma of researching and discussing phenomenon that discourse from traditional Western schools of thought. This qualitative research aims to uncover types of ADC experiences within a New Zealand population and to explore the meaning of these experiences for participants using an interpretive phenomenological approach. More specifically, it aims to understand how the experiences change and influence the lives of those people that experience them and how it impacts on their spirituality and their spiritual belief systems. Implications of these findings should provide a basis of the importance of incorporating education and training about the importance of spiritual experiences, such as ADC, for well-being, particularly in the context of bereavement, into psychology and psychotherapy in a New Zealand context.

### 3.4 Procedure

A full ethics application was submitted to and approved by Massey University's Human Ethics Committee: Southern B, Application 20/14.

Participants who were over the age of 18 and reported having an after-death communication experience were included in this study. The ADC experiences had to be **spontaneous, direct**, and with deceased **humans** to be included.

Recruitment for this research was done using a snowballing technique. As non-disclosure is common in people who experience ADC, this population could be considered a 'hidden population'. Snowballing has been shown to be effective for this type of population in previous studies (McCormick, 2016). In the present study, 'snowballing' means that every time the researcher



encountered a person who claimed to have experienced ADC, they were invited to participate in the study. The research was also advertised on the author's social media account, as well as on a Facebook page for Massey University Psychology Students (see **Appendix A**).

Once potential participants were identified, they were verbally informed about the nature of the study and invited to take part. Each participant was then sent an Information Sheet (see **Appendix C**) containing basic information about ADC and the research. The information sheet explained what ADC is, as well as outlined who was conducting the research, the purpose of the research, what participation in the research would involve, and the participant's rights. Written and signed consent was then obtained from each participant via the Participant Consent Form (see **Appendix B**). Interviews were then conducted either face-to-face (where practicable) or via Zoom from 10.8.2020 – 11.9.2020. At the beginning of each interview the participant was advised to let the researcher know if they should feel uncomfortable at any point during the interview and if they wish to stop, given the nature of the topic. A list of further supports available to the participant was provided to them, as well as the contact details of the principal and supervising researcher (see **Appendix D**). An interview schedule of 17 interview questions was prepared (see **Appendix E**), which included a range of open-ended questions that aimed to prompt participants to openly discuss their experiences. However, the interview technique was semi-structured; meaning the interview schedule was utilized, but verbal prompts were given when required to elicit more information and follow up questions were used based on the content of the participants responses. This was based on the guidelines provided by Breakwell (1995). All interviews were recorded by dicta-phone and later personally transcribed into document form (Microsoft Word) by the principal researcher.

### 3.5 Sample size

Determining sample size before data collection in qualitative research goes against the conceptual and methodological underpinnings of qualitative research (Sim, Saunders, Waterfield & Kingstone, 2018). Consensus from a range of researchers suggests that sample size depends on a

number of variables and factors such as: the nature and purpose of the individual study, the epistemological underpinnings of the research, as well as practical considerations such as time and resources (Baker and Edwards, 2012, cited in Sim et al., 2018). Other considerations include the quality of interviews, number of interviews per participant, sampling procedures, and researcher experience (Marshall, Cardon, Poddar, & Fontenot, 2013). There has been statistical calculations of sample size suggested for qualitative research; however, arguments against this suggest this is problematic due to the adaptive and emergent nature of qualitative research, and the fact that majority of qualitative research is based on the principle of saturation (Sim et al., 2018). Data saturation refers to the continuous collection and analysis of data until 'informational redundancy is achieved', meaning until there is no new information being uncovered. Gathering too much data in qualitative research can actually be detrimental as it deters the researcher away from the rich, deep analysis that is the central purpose of qualitative research (Marshall et al., 2013). Therefore, research speaks to the importance of sample size being determined *a posteriori* in qualitative research (Sim et al., 2018). For practical reasons however, a baseline sample size was important to determine prior to beginning research, for the purposes of time and resource management. This is supported by recommendations made by Patton (2002): "I recommend that qualitative sampling designs specify minimum samples based on expected reasonable coverage of the phenomenon given the purpose of the study" (p246). The decision to conduct a minimum of 10 interviews was based on guidelines derived from empirical investigation. Guest, Bunce, and Johnson (2006) analysed the degree of saturation that occurred in a phenomenological study, involving 60 interviews of West African women. It was determined by these researchers that saturation was considered to occur within 12 interviews. Research by Francis et al. (2010) investigated the degree of saturation in two previous studies and found in the first study, that all 14 interviews conducted were required to achieve saturation, and in the second study that saturation was reached after 15 of the 17 interviews. These researchers concluded that an initial analysis sample of 10 interviews is sufficient with a stopping-criteria of 3; meaning the number of additional interviews in which no new

themes or information emerge. Therefore, for the purposes of this research there was a minimum aim of 10 interviews and emerging themes from the data were observed until a point was reached where no new themes could be identified. This was also discussed and decided upon with the supervisor researcher.

### 3.6 Participant demographics

Table 1 provides an overview of the participant demographics. A total of 10 participants (nine female and one male), ranging in age from 22 years to 63 years (mean age = 42) took part in this research. Half of the participants (five) identified as European/New Zealander, one participant identified as English, Celtic, Fijian, and Māori, respectively. One participant identified as Māori, Cook-Island and European. Of the 10 participants, two participants reported they were Christian, one reported they were Setian, one reported they had no religious or spiritual affiliation, one identified as Quakers, and four reported they were Spiritual. One participant identified as Christian and spiritual. Of the four participants that reported they were spiritual, two of these participants were raised Christian, one was raised atheist, and one was raised Salvation Army. Four of the participants held an undergraduate Bachelors' degree (44%), followed by three who held postgraduate degrees (33%), and two whose highest level of education was secondary (22%). Five of the 10 participants were students, two were teachers, one was a homemaker, one was a software developer, and one was a registered nurse.

**Table 1**

#### *Description of Participant Demographics*

Participant:	Age:	Gender:	Occupation:	Ethnicity:	Spirituality:	Education Level:
1	58	F	Homemaker	NZ European	Christian and Spiritual	Secondary
2	41	F	Student	NZ European	Christian	Tertiary (Undergraduate)
3	23	F	Student	Māori, Cook-	Spiritual	Tertiary (Postgraduate)

				Island, European		
4	28	F	Student, Research and Development Technician	NZ European	Spiritual	Tertiary (Undergraduate)
5	57	M	Software Developer	Celtic	Neopagan	Tertiary (Postgraduate)
6	33	F	Kindergarten Teacher	NZ European	Spiritual	Tertiary (Undergraduate)
7	42	F	Student	Māori	Quakers	Tertiary (Undergraduate)
8	22	F	Student	Fijian	Christian	Tertiary (Undergraduate)
9	63	F	Registered nurse	NZ European	Raised Salvation Army: Now Spiritual	Tertiary (Undergraduate)
10	52	F	Teacher	English	Raised Catholic: Now Spiritual	Tertiary (Undergraduate)

### 3.7 Data analysis

Analysis in qualitative research is intended to be inductive, meaning themes and meanings of the data arise from the data itself. Analysis of qualitative data is a continuous process throughout data collection (Sim et al., 2018).

To uncover the implications and *meaning* behind participants experiences, data was analysed using interpretive phenomenology to interpret participants experiences at a deeper level (Wright-St Clair, 2015). The IPA process used in the analysis was based on the guidelines provided by Smith, Flowers, and Larkin (2009).

The first step of the IPA data analysis process was to transcribe the interview recordings. This was done by the principal researcher. Once complete, each transcript was returned to the participants for them to review and if necessary, make any suggested revisions.

The next step in the process was complete immersion in the data by the researcher, involving continuous reading and re-reading of the interview transcripts and making initial notes about anything of interest such as emerging themes, re-occurrences and repetitions, participants attempts at summarizing and interpretations, and similarities and differences between transcripts. According to Smith, Larkin and Flowers (2009) there are no set rules on what is to be commented on in this initial noting phase, and the process is more exploratory in nature. However, the types of potential comments can be broken down into: *descriptive comments*; which focus on describing the content of what the participant has said, *linguistic comments*; which focus on the specific language used by the participant, and *conceptual comments*; which are focussed on the actual concept of ADC. This involved examining and exploring the transcript's semantic content and language. This process helped the researcher to become familiar with the transcripts and identify certain ways in which the participants talked about and understood their ADC experiences.

Through this initial phase, central descriptive comments were pulled from each individual transcript. These were comments that provided a description of core beliefs, values and principles of the participant, and the meaning of these things for the participant. These core comments are what gave the researcher insight into the participants' lens in which their ADC experience occurred, and an understanding of what the meaning of the experience was for the participant. This provided an insight into the participants lived world.

The analysis and interpretation section for each participant was derived from a collation and consideration of:

1. Direct language expressed by the participants in the verbatim transcripts

2. The researcher's initial comments and notes from the interview (such as notes about how the participant presented)
3. The researcher's notes from reading and re-reading the participant transcripts
4. The researcher's reflections, considerations, and insights throughout the process

The collation of this information was compiled to form the researcher's conclusions and interpretations of the data, which are presented in the next chapter. This chapter has described the main methodological procedures used in the current research. A qualitative approach was selected for the research to enable for quality, detailed descriptions of the participant's ADC experiences as opposed to a quantitative approach. IPA was the type of qualitative analysis used in the research to allow for rich interpretations of the phenomenology of participant's ADC experiences.

## CHAPTER 4

### *Results*

*"I think it comes down to three questions: Where do we come from? Where are we going? And why are we here?"*

(Leibrich, 2002, p145)

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This chapter presents the findings from the ten research participants. This begins with an overview of the demographic characteristics of the participants, followed by an overview of each participants demographics, and a description of their individual ADC experiences. Next is a section that presents the common themes and findings across the participants.

#### **4.1 Demographics**

With regards to the demographic characteristics of the participants, majority (9 out of 10) participants in this study were female, which aligns with research that has shown it is more likely for females to experience ADC and to discuss it (Barbato, 1999; Streit-Horn, 2011). Streit-Horn's (2011) systematic review of literature on ADC's found thirteen out of the seventeen studies indicated that ADC's are more commonly reported by men than women.

The age of participants in this study ranged from 22-63 years; averaging 43 years, which is an older participant population on average. McCormick's (2015) study on post-death contact also found her participant group skewed towards an older group.

Participants in this study ranged in their spiritual beliefs and affiliations. Four identified as spiritual, two identified as Christian, one identified as Setian, one identified as Quakers and one participant identified as both Christian and spiritual. This is evidence that religion and spiritual affiliation is not derivative of an ADC experience. This aligns with other research participant demographics, such as in research completed by Hood & Chen (2005), which identified that most

religious persons identify themselves as religious as well as spiritual. These authors also identified that there was an emerging group of people in America, India, and Europe who define themselves as spiritual but not religious. Interestingly, majority of participants in this research identified as 'spiritual, not religious' also.

The participants in this research were highly educated, with majority having a tertiary qualification (66%). Regarding level of education, majority of research supports a negative correlation between ADC's and education level, meaning more ADCs are correlated with a lower education level (Streit-Horn, 2011). However, these findings are based on a majority American population.

#### 4.2 Characteristics of reported ADC experiences

All but one participant reported multiple experiences, involving either the same deceased individual or others. The experiences most commonly involved a deceased parent, an aunt or uncle, or a spouse or child. This aligns with other research showing ADC is more common to occur in close relationships (between the deceased and the ADC experiencer), rather than more distant relationships (McCormick, 2014; Rees, 1971).

Most of the experiences occurred soon after the death of a loved one (within 24 hours). This finding corresponds with other research that shows ADC most commonly occurs within the first-year post-death (Barbato et al., 1999). Majority of the experiences reported involved multiple sensory inputs however, the most common reported type of experience was sentient in nature.

As shown in **Table 2**, all but one participant (Participant 4) had multiple experiences involving either the same person they had experienced ADC from previously, or another person. Most commonly, the experiences involved a parent (28%) followed by an unknown or unrelated spirit (21%), an aunt or uncle (14%), a grandparent, spouse, child, and in-law (7%). Most experiences occurred soon after the death of a loved one (within 24 hours). All but one participant (Participant 7) had experiences involving multiple sensory inputs. The most common type of experience was



sentient (21%), followed by tactile (18%), sleep-state (14%), auditory, symbolic, and visual (11%), olfactory (7%), out-of-body, and technological (3.6%).

**Table 2**  
*Details of Participant's ADC Experiences*

<b>Participant</b>	<b>Type of experience(s)</b>	<b>Relationship with deceased</b>	<b>Time since death</b>
1	Olfactory, sleep-state, technological, sentient, visual, tactile	Mother, sister-in-law, uncle, unknown spirits	First experience with mother within 24 hours of death and multiple experiences thereafter Other experiences within 1 year of death
2	Olfactory, sentient, tactile, sleep-state, Symbolic	Spouse	First experience 1 week after death
3	Sleep-state, out of body experience	Grandmother, unknown spirit	Over 10 years
4	Sleep-state, sentient, olfactory	Maternal grandmother, father	Over 10 years with Grandmother Other experience within 1 year of death
5	Tactile, sentient	Mother	Within 24 hours
6	Symbolic, sleep-state	Mother	48 hours after-death
7	Visual, tactile, sentient	Aunty, unknown spirit	24-48 hours after death
8	Auditory	Father	Within 1 week of death
9	Sentient, tactile, auditory	Unrelated spirit	5-10 years since death
10	Auditory, symbolic, sentient, visual	Son	First experience within 24 hours

### 4.3 Individual participant descriptions

#### *4.3.1 Participant 1: Overview*

Participant 1 was a 58-year old home maker who was of Pakeha descent. This participant reported having multiple ADC experiences, including sleep-state ADCs, olfactory, technological,

tactile, and sense of presence experiences, involving her deceased mother. In one of the participant's many sleep-state ADCS's, her mother appeared in her dream to warn her that her sister was in danger. The participant later discovered this to be true as her sister was indeed in trouble with domestic violence. The participant interpreted her multiple ADC's as her loved ones providing her with messages and warnings. The participant's technological experience with her mother occurred during a sleep-state where the participant was having a dream that she was on the phone talking when the phone beeped to notify her of a call waiting. The person on the other call was her deceased mother who said to her: "Don't worry about me, I'm alright". Participant 1 also reported multiple instances of temperature change with regards to her ADC experiences. This is a type of tactile ADC experience as it involves the bodily senses. The participant reported that temperature was an indication of the deceased's emotions and feelings – an example of anthropomorphism. This participant reported olfactory ADC experiences involving her deceased mother-in-law and Uncle. These experiences included being able to smell her mother's perfume and smelling baby powder which reminded her of her deceased mother in-law because she always used to put baby powder on after a shower. Participant also reported experiences involving foul and unpleasant smells - which she interpreted as a sign that her deceased Uncle was not happy with her current decisions and this was his way of signalling this to her.

#### *4.3.2 Participant 2: Overview*

Participant 2 was a 41-year-old female student of European-New Zealand descent. This participant identified as Christian. This participant has had sentient, sleep-state, olfactory, tactile, and symbolic ADC experiences, involving her ex-partner in the U.K, who passed away approximately 6 months after they separated; due to the participant having to move back to NZ for treatment of an illness. The participant's first experience occurred the night that she learned of his passing. In this experience, the participant felt his presence lying next to her and holding her in bed, comforting her

as she was so upset about his death. The participant described she could feel the weight of him on the bed, could smell his scent, and felt the warmth of his embrace. This participant's sleep-state experience occurred a few nights later where she had a particularly vivid dream of him. In the dream he was happy, laughing, and dancing, and he told her "yeah I've gotta go now". In the participant's symbolic ADC experience, she was sitting outside and thinking of her ex-partner and wondering if he was okay when a butterfly landed on her cup. The participant interpreted this as an answer to her question, and a message that he was okay.

#### *4.3.3 Participant 3: Overview*

Participant 3 was a 23-year-old postgraduate student who identified as Māori, Cook-Island and European. This participant identified as spiritual, not religious and was raised atheist. Participant 3 reported having a sleep-state ADC experience involving her grandmother, some ten years after her grandmother passed away. In this experience the participant had a particularly vivid dream in which her nana came to visit her. Her nana was happy and smiling in the dream and gave the participant a hug. The participant was delighted to see her nana but also very shocked as she hadn't appeared in any of her dreams since she passed away over a decade ago. The participant believed strongly that there must have been a reason for her nana's visit but was not sure of the reason, until her Grandfather (her nana's husband) passed away one week after she had the dream. The participant then interpreted her nana's dream visitation as her coming to warn her that her Grandad was going to die and to provide her with some comfort. Another experience reported by the participant involved a negative sleep-state/out-of-body experience with an unidentified spirit. In this experience, the participant was in a dream and heard a male voice speaking in a chant-like manner. The participant rolled over in her bed and saw a face surrounded in a blue light staring down at her, while still in her dream. The participant described a feeling of heaviness on her and she was unable to move. She became frightened and started yelling at the entity to get off her. The participant then

got up out of bed and reported having a feeling of something pulling her back. She attempted to turn on the lights, but the lights wouldn't turn on. The participant then described having an out-of-body experience in which she was in her parent's room floating in the air and looking down at them and yelling at them to help her. Her parents did not wake, and the participant then began praying and asking for help from God, or her ancestors, after which she instantly awoke from the dream.

#### *4.3.4 Participant 4: Overview*

Participant 4 was a 28-year-old female student who identified as NZ-European. This participant reported having multiple subtle ADC experiences, including a sentient and visual ADC experience with her maternal grandmother, a sentient experience with her father and sleep-state experiences involving her father.

#### *4.3.5 Participant 5: Overview*

Participant 5 was a 57-year-old software developer who identified as Celtic. His highest level of education was post-graduate and he identified his spirituality/religion as neo-pagan or, more specifically 'Setian'. He explained that this belief system was a 'French spirituality' based on Egyptian religion and the Egyptian God 'Set'. This participant had a sentient and tactile ADC experience involving his mother. In this experience the participant was sitting at his work desk the day of finding out about his mother's death. He then briefly felt the pressure of his mothers' hands on his shoulders and could feel her essence around him, he also reported that he could feel the warmth of her touch. The participant reported recognising unmistakably the presence of his mother in this experience, due to the familiar maternal comfort he felt. This participant also mentioned having the emotional feeling of safety during this ADC experience, which he associated with the maternal bond with his mother.

#### *4.3.6 Participant 6: Overview*

Participant 6 was a 33-year-old NZ European female who works as a kindergarten teacher. Her highest level of education was her bachelor's degree in early childhood. This participant chose to identify as neither religious nor spiritual. This participant had a sleep-state ADC as well as symbolic ADC's involving her deceased mother who died from cancer. A few nights after her mother had passed away, the participant had a vivid dream of her mother sitting on a wooden bench amongst a beautiful rose garden. In the dream, her mother looked sick anymore and she was back to her old self and looked healthy and happy. The relevance of her being in the rose garden for the participant was that her mother loved roses.

The participant's symbolic ADC experience involved a backstory to understand the relevance of the symbol. This participant and her sister both worked at the same kindergarten. In this kindergarten, their boss had a theory that you should deal with your biggest "frog" first: meaning you should try to get the jobs that you're dreading most out of the way first so then your day can run more smoothly. One day their boss held a staff meeting and gave each staff member a set of four polystyrene frogs, ranging in size from biggest to smallest. Both sisters thought the frogs were terrible and so they began trying to palm the frogs off between family members and it became a bit of a family joke. The sisters would hide the frogs around their parents' house and their parents would do the same. When their mother became sick and knew she was going to die, she said to put the remaining frogs in the coffin with her and she would take them with her and that would be the end of the frogs – and so they did. This participant reported that she had a miscarriage while her mother was still alive, and her mum had helped her to bury the baby in the garden and planted a Daphne tree over the top of it. The participant had stated that her mum adored her grandchildren and that missing out on her grandchildren was what most upset her when she was dying. Her mother passed away about 3 months after the miscarriage, and the participant happened to look out the window one day and notice that the Daphne plant was flowering for the first time, and

sitting underneath the Daphne tree was a real frog. The participant was amazed by this because she had never seen a real frog at her house for the 9 years that she had lived there – and it just happened to be sitting under the Daphne plant, the first time it flowered, not long after her mother had passed away.

#### *4.3.7 Participant 7: Overview*

Participant 7 was a 42-year-old Māori female who identified as being of Quakers religion. She is currently studying towards her PGDip in Psychology. This participant had multiple experiences involving tactile, visual, and sentient ADC. The visual ADC experience occurred at the participants marae during her Aunty's tangihanga. In this experience, the participant was outside at night-time walking towards a shed, when she had a feeling that somebody was behind her. She turned to look and saw the shadow of a little old woman walking gracefully and slowly on the side of the shed with a kete (bag) under her arm. The participant did not recognise the spirit/shadow and so turned to a kaumatua to ask for guidance. In this participants tactile ADC experience, she was sleeping in the marae next to her biological mother. In the night, the participant believed she was holding her mother's hand and she woke up with a fright because the hand was cold. The participant awoke her mother, who told her that she wasn't holding her hand, the participant interpreted this experience as her deceased Aunty holding her hand. The participant had another experience when she was 9 weeks pregnant, camping in the Coromandel. In this experience, the participant was walking up the bank from their campsite to go to the toilet when she had a feeling that something wasn't right. The participant reported that she felt a presence pushing her back down the hill and she had a sense that she shouldn't be there. She then had a sense that something was running towards her and became frightened, after which she turned and ran back down the hill.

#### *4.3.8 Participant 8: Overview*

This participant was a 22-year-old female of Fijian descent. This participant identified as Christian. She was currently studying towards her bachelor's degree in Psychology. This participant's ADC experiences were auditory and involved her deceased father. The first experience occurred when the participant and her family returned to Fiji for her father's funeral. Her and her family were staying at her Mum's village and were asleep, when the participant awoke to what she described as the sound of a Machette being hit against the concrete porch outside. She explained these are common tools in Fiji for cutting weeds or grass. The next morning, the participant's mother explained that she had also heard the same noise and the participant's grandmother explained that her interpretation of it was that the participant's father was angry that the family had not stayed in his village, and the sound of the machette was him portraying this.

#### *4.3.9 Participant 9: Overview*

This participant was a 63-year-old female New Zealander who works as a registered nurse in a hospice. This participant was raised Salvation Army, but now prefers to identify as spiritual. Participant 9 had a tactile and sentient ADC experience while working her first night shift at the hospice when she first began working there. Leading up to her shift the other nurses had teased the participant that she was going to see "the ghost" that other people on night shift had encountered. The other nurses had nicknamed this spirit presence Mary – as this was the last patient that was in this area of the hospice and who died there before the staff started having experiences. This participant's experience with Mary occurred when she went down this same area on her first night shift in the hospice. She had gone down to the linen cupboard in this area to collect some bedding and turned to head back towards the staff room, when she heard a door shut or open. She turned around and there was nothing there, and then turned back around to head back down the corridor when a cold, chilly, breeze came from behind her and lifted her hair off of the back of her neck. The participant had a sense of something being there, a presence of some sort. She also described a

feeling of tranquillity and peacefulness in this moment. The participant then became frightened, dropped the linen, and ran back to the staff room.

#### *4.3.10 Participant 10: Overview*

This participant was a 52-year-old English female who works as a teacher. She was raised Catholic but now prefers to identify as more spiritual than religious. This participant had multiple ADC experiences that were auditory, symbolic, and sentient in nature, involving her son that died at 18 months old due to a swimming pool accident. The first experience was the week after her son had passed away. The participant was upset and grieving in the house as it was the first time that she had been alone in the house since he had died. She was sobbing and looking out the window and said aloud 'I can't do this by myself I need some help here, I can't deal with this alone', when a deck chair suddenly moved across the deck. She immediately went outside to check whether it was windy outside but there was no breeze at all. The participant interpreted this as being her son, as she had watched him pushing the chair across the deck just the week before. The participant's symbolic ADC experiences began almost instantaneously after her son's death. She began finding feathers everywhere and feathers would fall from the sky and land at her feet or fly in through the car window; she collected a whole box full of feathers and saved them for years after his death. This participant reported that the experiences she had when her son first passed away were interpreted by her as signs that her son's spirit was still around her. This led the participant to believe that she might be able to actively seek further communication from him, which encouraged her to begin researching how to do so. Through her research, the participant learned that opening herself up to be able to receive ADC involved her emptying her mind of thoughts and clearing her head to make space for the communication. The communication that she explained she was able to receive from this process were internal auditory ADC experiences, that came in the form of thoughts that would spontaneously enter her mind. The participant identified these thoughts as communication from deceased loved ones because she was able to differentiate them from her own thoughts. The participant's final ADC experience with her son was in the form of an internal auditory dialogue as



well as a sentient experience as she also felt his presence while having the internal conversation with him. In this experience the participant woke at night and felt her son's presence and so started having an internal conversation with him. In the experience, her son said: "this is it I've come to say goodbye. I won't be back again".

#### 4.4 How did participants *describe* their experiences?

This section presents the ways in which participants *described* their ADC experiences. This includes a description of the common details that were used in participant's ADC experience descriptions, followed by a presentation of the benefits of the participants experiences, in general and specifically in relation to their grief.

##### 4.4.1 *Vividness and extreme detail of ADC Experience*

Multiple participants made references to the extreme vividness and detail of their experiences. There are also references made to **colour** in participant's reports, which further highlights the vividness, clarity, and amount of detail in their experiences:

*...because a couple of nights later I had this real vivid dream with him as well and I've never had a dream so vivid*

(Participant 2)

*...all I can speculate on is an **unmistakable** sense that she was present in those moments*

(Participant 5)

*Yeah it didn't have just like a random ending or you know it wasn't just a muddled dream with bits from here and bits from there like you have [in other dreams]... Yeah to the point it was like all clear and colorful*

(Participant 6)

*...seeing him in this dream it was so vivid there were just so many colours and he was just so happy*

(Participant 2)

This highlights that because the ADC experiences felt so *real* to the participants – based on the level of vivid detail in the experiences, the participants felt they had to accept the experiences. This acceptance of the experience perhaps enabled the participants to experience the benefits of ADC that are outlined in this research.

#### *4.4.2 ADC interpreted as messages and warnings from deceased loved ones*

Various participants interpreted their ADC experiences as a form of *warning or message* from deceased loved ones. This included messages and warnings involving the well-being and safety of the individual, or of other family members or friends, such as with Participant 1 who reported having multiple experiences that involved receiving messages and signs from her deceased mother that she utilized in navigating her relationship with her sister:

*...whenever my sister was in trouble she'd come to me, um, in my dreams and tell me... tell me to go  
and look out for her*

*(Participant 1)*

This participant made multiple references throughout her report of ADC as signs and messages from the deceased:

*I always believe that you either, for me personally, if I'm meant to get a message from someone, if  
I'm not open to hearing it then ill get it in a dream*

Participant 3 described that she believed there must have been a reason for her ADC experience with her Nana, and that she didn't realize this reason until her Grandfather passed away:

*I was like oh my god I saw my nana it's so cool, and after a couple of days I'm like, but why?  
Why?... I've never ever seen her before, why is she coming now?*

*Like cause I know that there's um, there's a reason why they want to see you*

This caused the participant to interpret her experience as a warning from her nana that her Grandad was going to pass, and that her nana had come to comfort and reassure her. The participant made several references to the ability of her nana's spirit to predict her grandfather's death and use this knowledge to communicate with her. The participant was astonished by this:

*I think it was the fact that she had the ability to know that it was coming up and then she used that ability just to come and just be like it's gonna be okay, like here's a hug*

These examples highlight the participant's belief that her deceased loved ones possess abilities that they can use to interact with their living loved ones and provide them with knowledge and warnings. This highlights the participants beliefs that there are intentions behind loved one's interactions with you, such as to provide you with messages and warnings. This ties in to her above beliefs about spirits possessing a higher level of knowledge than us, and that they are able to utilise that knowledge to continue to protect us and guide us in death, just as they would have in life.

An interesting finding in the report of Participant 2 was that she interpreted her ADC experiences as a sign that her loved ones continue to watch over her and guide her, almost as guardian angels:

*"...to me it almost seems like once you die you get assigned to people to sort of watch over them and be their (not guardian angels) but you know just be there for them when they need it you know"*

This aligns with my personal experience of ADC as disclosed in the **Reflexive Statement** earlier in this thesis.

#### *4.4.3 Anthropomorphism*

Anthropomorphism refers to the action of ascribing human attributes to a not-human entity (Merriam-Webster, 2021). Participant 1 described the ability of her deceased loved ones to express their emotions through the use of temperature and through the spirits perceived ability to control the participants emotions and physical senses. The emotions that were displayed by the deceased were described by the participant to be characteristic of their emotions when they were alive. An example from the participants interview includes:

*And then my sister in law, she came to me in my dreams. But she got me to, she didn't so much as speak but she showed me. Oh like she got me to feel what she felt, and it got um, she got me to walk through the, it was a Māori burial ground. And anyway I walked through, and it was just the most ghastliest, I felt sick. And then we walked through and I felt really sick...*

In this example the participant describes how her sister-in-law's spirit was able to express her emotions through externally controlling the participants physical senses in her dream. The participant then later described that after she had walked her through the cemetery, her sister-in-law turned around and looked at the participants' sister and smiled and waved to her. The participant was unsure how to interpret this in the first instance, and so she called her sister to explain what she had experiences and asked the sister if she knew what it could mean. The participants sister started crying and said that the experience made sense to her, as it was the sisters-in-law's unveiling coming up and she wasn't sure whether she would go. Both the participant and her sister interpreted the experience as a message or warning from the participants sister in law that she should not attend the unveiling. Another example of anthropomorphism in Participant 1's interview is:

*I was the first one there, then I got to see her laying on the table, she was really pissed off. You could feel her going (grunt) you know. And then as we were dressing her, she just, yeah.... Loved it! Cause we did her hair, and her makeup, and yeah she loved it ay... You could feel her body responding. It sounds weird, but at first she was rigid and then you could actually feel her body responding*

This example describes the participants perceived ability of her deceased mother to express emotions. The participants mother was very private and discrete in life and took a lot of pride in her physical appearance. The participant interpreted her mother's body being rigid as a sign that she was annoyed about being seen on the table without her hair or make up done. The participant interpreted her mother's body "relaxing" as a sign that she was enjoying being pampered and dolled up – much like what she would have done in life.

The following example describes an experience that the participant had with a deceased uncle, who the participant describes was able to externally control the smell and the temperature of the room to express his disagreement with her sleeping arrangement:

*Yeah I think so, some get mad. Like I've experienced an uncle come though. Who was not happy with what I was doing and he made sure that I knew about it. Cause the room just got bloody cold and it stunk like rotten flesh. It just stunk. Well you know when you come across a dead animal it's like that.*

*And the longer I stayed where he didn't want me to be the smellier it got*

The examples of anthropomorphism that appear in participant 1's interview also elaborate on the participants feelings of continued bonds with her deceased loved ones. The fact that the participant attributes emotions to her deceased loved one's spirit is evidence that she believes that their spirit continues to exist exactly how the person was in life, including their emotions.

Participant 9 described feelings of peacefulness and tranquillity in her sentient ADC experience with 'Mary':

*... even though it was really disturbing there was this really kind of peacefulness about it as well. It was, there wasn't music or anything like that but my hair lifted, the coldness, and then my hair lifted and then there was this kind of tranquillity all around me*

*Yeah it was almost like it was the bang of the door like the announcement that she was coming out of that room that she'd died in and then the cold breeze and then my hair lifting and then it was like after she'd done all that there was this kind of peace*

The participant interpreted this peaceful feeling as a sign that Mary was *happy* to be given the opportunity to get out of the room that she had died in – and she was letting the participant know that she was thankful and grateful through this peaceful feeling:

*...maybe she was just happy to have been given the opportunity to get out of that room cause she had such an awful death*

This can be interpreted as another instance of anthropomorphism as the participant believes the deceased is able to communicate emotions and messages. Participant 9 also displayed anthropomorphism through the words she used to describe Mary's presence. For example, the participant described that there were never any experiences of Mary's presence if there was another patient in that area of the hospice. The participant describes this as "very kind" of Mary as she was considerate enough not to scare other patients and their families.

Another example of anthropomorphism identified in this research was with Participant 2. This participant did not find out about the death of her ex-partner for approximately one week after he had died, and then had her first ADC experience with him the night that she learned about it. The participant interpreted this as being intentional and purposeful, so that his spirit was able to be with his family overseas and then make his way over to her to be with her when she found out and to comfort her.

*"... to me it almost felt like there was a reason why there was a delay in me finding out you know, so that he could be with everyone else (first)..."*

An interpretation of this is that the participant believed that her loved one's spirit had control over when she found out about his death and that he purposefully delayed it so that he was

able to be with her to comfort her when she found out. This could be observed as an example of anthropomorphism because she attributes *intention* and *purpose* to the actions of her deceased ex-partner.

## 4.5 The Effects of ADC on Grief

### 4.5.1 Continued bonds

Majority of participants reported that their ADC experiences helped them to continue to feel connected to their deceased loved one, and that this allowed their relationship to continue with their loved one even after their physical death. 'Continuing bonds' and relationships with their deceased loved ones helped participants to have certain needs met in a variety of ways.

Firstly, this enabled participants to continue to feel *connected* to their loved ones, as shown in the below examples:

*"It has been valuable I guess because it's helped me feel connected to her and that she's still sort of there"* - Participant 6

*"I know they're still there and they will come if you need them"* – Participant 3

Participant 4 had plans of rekindling her relationship with her partner upon her return to the U.K, which were interrupted by his death. The participants experience almost appears to be a way of continuing her plans to reunite with him, and she interprets the experience as an opportunity to reconnect with him and reminisces on happy memories of when they were together. For example:

*Yeah and so when I found out you know it was um, you know, a chance for us to be together again in a sense. So yeah, there was no fear, there was no horrid feeling. It was just really nice, it was like it used to be when we were together you know*

This experience of continuing bonds enabled participants to have certain **needs** met that were previously met through the existing relationship with their loved one prior to their death.

Participants who had experiences with deceased parents, reported that the experience allowed them to experience the familiar, maternal feelings of comfort, warmth, and security. This is shown in the below examples:

*"I felt loved and cared for and grateful that she'd visited"*

*"Okay the feeling that I've had through my life when I've come into my mother's company, and given her a cuddle and greeted her and I've sat down and had a beer or a cuppa and been talking to her, the feeling of my mother absolutely unmistakable from the feeling of any other loved ones and it was that exact emotional feeling" - Participant 5*

Participant 10 interpreted her experiences (such as the symbolic ADC experience of finding feathers), as a sign that her connection with her son still continued even after his physical death. Having the experiences reminded her of him and encouraged her to reminisce on her son's life and the happy memories that they had together – which in turn helped her to get through the grief of losing him.

*"I started collecting feathers and yeah it was just really it was bizarre at the time, a bit surreal, but I liked it too – it gave me lots of comfort"*

When Participant 5 was asked to identify what made him sure that he was experiencing his mother's presence he reported:

*"Okay the feeling that I've had through my life when I've come into my mother's company, and given her a cuddle and greeted her and I've sat down and had a beer or a cuppa and been talking to her, the feeling of my mother absolutely unmistakable from the feeling of any other loved ones and it was that exact emotional feeling"*

This highlights that the participant experienced familiar maternal emotions during his ADC experience that resembled the emotions he experienced when he was around his mother when she was alive. These were maternal feelings of love, care, comfort, and safety; the kind of emotions that



are characteristic of a maternal bond, and distinguishable from any other type of relationship. The participant reported that these feelings made him absolutely and unmistakably certain that it was his mother's presence. This highlights his belief that his maternal bond with his mother was able to continue, even after her physical death. The participant also reported that he had interpreted his experience as his mother 'dropping in' to see how he was, which is interpreted as further strengthening and solidifying the emotional connection that he received during his experience.

The participants in this research indicated that they utilized their continuing bonds with their deceased loved ones to navigate relationships with their others. This was highlighted by Participant 1 who utilized the ADC with her deceased mother in navigating her relationship with her sister. Another example of this is Participant 7, who explained that her deceased aunty had always wanted her to be close to her biological mum. The participant interpreted her tactile ADC experience as her aunty yet again trying to encourage a bond between the participant and her mother:

*"I kind of just saw it as she appreciated and respected maternal relationships and you kind of wonder whether there was a sadness there 'cause she never had her own kids"*

*"She was really big on us being close, like she really wanted that... I think I was more affected by that cause it kind of taught me about people aren't here forever so kind of, really appreciate people when they are. It helped me to let a lot of stuff go about her [her mum] cause I sort of had resentments about her a lot"*

When Participant 4 was asked "How important to you is your sense of spirituality, on a daily basis?", this participant reported that it was very important to her because it was how she felt close to her parents. This highlights the participants belief that she is still able to maintain her connection with her parents even after-death and shows that her ADC experiences have enabled this for her. This participant also reported having a sense that her deceased loved ones were watching over her. She stated that this made her slightly nervous and uncomfortable knowing that they were able to

see potentially unwise decisions that she was making. This further accentuates the finding that the participant still believes that her deceased loved ones maintain a presence in her life:

*“I used to not like it, especially after mum died, I went down a bit of a bad track and I didn’t like the thought of her seeing things that I was doing”*

#### *4.5.2 Comfort and reassurance*

Participants reported that experiencing a continuing bond with a deceased loved one (through ADC) provided them with comfort and reassurance and assisted them with their grief. Such was the case with Participant 10 who reported:

*“I started collecting feathers and yeah it was just really it was bizarre at the time, a bit surreal, but I liked it too – it gave me lots of comfort”*

This participant also reported that her kinaesthetic ADC experience involving her deceased son provided her with comfort and made her feel better, and she was grateful for the experience:

*“I went straight out on to the deck I thought that must be wind or you know, what’s moving, but there was no breeze there was no, and I just went “thank you!” what else can I say? “thank you!” and it made me feel better” – Participant 10*

Participant 2 reported that having her ADC experience with her ex-partner and having him there comforting her was what she needed at the time; and she felt that he had returned to help her through her grief:

*“it was kind of weird but nice at the same time you know cause it was obviously what I needed”*

*“it was like he was helping me through it...yeah, helping me through the grief of it and the shock of hearing it”*

*“I barely slept but he was right there with me comforting me through it all” - Participant 2*

Another form of comfort that was identified in participants reports was that their experiences gave them comfort and reassurance that their deceased loved ones were happy, healthy, and at peace. The sleep-state ADC experience of Participant 2 helped her to believe that her loved one was in his own version of paradise or heaven, and that he was happy; which provided her with a lot of comfort and helped her to come to terms with his death:

*“...seeing him in this dream, it was so vivid there were just so many colours and just he was just so happy, you know, and just so at peace you know he was just, it was okay that he was gone you know, and so that really helped me to come to terms with it”*

*“...I think that um heaven is kind of a place where all the good stuff happens that you want you know, its sort of like individual you know like its individualised to what you value and what you see heaven is in a sense you know um, and so to me that’s what his heaven would be like – just having a big party all the time”*

Mention of loved ones being in their own version of paradise was also suggested by Participant 6. In this participant’s sleep-state ADC involving her mother, her mum was sitting in a beautiful rose garden. This suggested to the participant that her Mum was in her own version of paradise and that she was happy, because she loved roses in life – a thought that provided the participant with reassurance and comfort.

Another way in which ADC provides comfort to its experiencers is that the experience helped the participants to perceive their deceased loved ones as happy and healthy, which in turn provided them with comfort. Many participants reported that their loved ones appeared to have returned to optimal health and well-being in their spirit form, which also provided solace to the participants, as displayed in the following examples:

*“Yeah so she looked just really healthy and I don’t know, I just kind of took that as a sign that she was okay, and she was happy”- Participant 6*

Participant 6 reported that her experiences helped her to remember her Mum as her healthy self, as this was how she appeared in her sleep-state ADC. This was very important to the participant because her mum passed away from Cancer and the participant found it unpleasant remembering her Mum because she saw her as unwell in her memory, prior to the ADC. This is further evidence for the beneficial nature of ADC.

*“I think it helped with my memory of her yeah, cause it took a long time to picture her and remember her as she was and I think that helped a little bit, you know cause when someone’s been sick for so long and they look awful that’s how you remember them last isn’t it, so it was nice to have that image of her in my head”*

Another way in which participant’s ADC experiences provided comfort was that it reassured them that their deceased loved ones were together. Participant 2 interpreted the dream of her Nana as a sign that she was coming to get her Grandad when he passed away, which provided comfort to the participant because she believed that her grandparents were going to be together again.

*“It does reinforce the idea that he is back with her cause he really missed her, it was like, she passed away and I think he lived for another 20 years not being with anyone else so like I kind of knew that she was waiting”*

*“The fact that I saw my nana and him passing, knowing that he is with her and he is still there, that’s helped me immensely”*

Participant 4 also reported feeling comforted knowing that her deceased loved ones were reunited in death:

*“And quite nice to know that, well think that Mum’s with her parents and then my dad is with his Dad”*

Participant 6 interpreted her symbolic ADC experience with the frog and the Daphne plant as a sign that her deceased mother was taking care of her miscarried baby - which was buried under the Daphne, and that her mother had helped her to plant:

*“Oh just happy, yeah stoked, cause mum loved babies too and that was always her thing. Her sad thing that when she knew she was dying that she wasn’t gonna be around for her grandkids so I was like, oh well, she’s sort of got one!”*

#### **4.5.3 Acceptance and resolution of feelings of grief**

The impact of participant’s ADC experiences on their grief was immense. Many participants reported that their ADC experiences assisted them in coming to terms with and accepting the death of their loved one, as shown in the below examples:

*“It was huge for me I didn’t feel, it took away all the grief. I never cry now. I don’t... I can’t say I don’t miss him cause I still think about him, but I won’t think of him without a smile on my face um cause I know he’s still around and he doesn’t want me miserable” – Participant 10*

*“or at least put me on a better footing on which to progress in my grieving process” –*

Participant 5

This is important because it is evidence that this participant’s ADC experience provided her with closure and acceptance of her son’s death – allowing her to be able to move on with her life.

Another way in which ADC assisted with participant’s grieving was through resolving negative emotions that resulted from the death of their loved one. Participant 2 made multiple statements that expressed she was resentful that her ex-partner had died so young and that she felt it was unjust that he was taken too soon, especially as they had planned to reunite once she returned to the U.K. Many of her ADC experiences appear to have helped her to resolve these negative emotions. For example, her sleep-state ADC in which she dreamed of him being happy and content provided her with reinforcement that he was okay with dying and that he was happy, which appears to have helped her to accept his death:

*“...seeing him in this dream it was so vivid, there were just so many colours and just, he was so happy, you know, and just so at peace, you know, he was just, it was okay that he was gone, you know, and so that really helped me come to terms with it because I was so upset that it had happened and he was gone and I would never see him again and he was so young, you know, and he had his whole life ahead of him”*

*“...I was so devastated that he was too young, you know, and he shouldn't have gone, um, the dream helped me know that he was okay with it and that he was happy and he was in his element because he could just dance and play around forever”*

This is further reinforced by her symbolic ADC experience with the butterfly approximately one year after her ex-partners death. Before the butterfly appeared, the participant was sitting and thinking about her ex-partner and wondering if he was okay and whether he still accepted and was content with his death. It appears that the participant was seeking positive reinforcement from him. The participant believed that the butterfly landing on her cup moments later was a sign from him confirming that he was still content with his death and that he was okay. It appears that this provided her with feelings of relief and allowed her to let go of any further negative emotions that she had about his death. The participant made the below statement when asked what she thought the message was from the butterfly:

*“Oh just that he was alright, you know, cause that's what I was wondering, um, you know, and I just wanted to know that he was, that he could hear me, I guess, and that he was alright and that, um, yeah that he was still okay with it all”*

A further interpretation from the above is that the participant perhaps felt a responsibility towards her ex-partner and was holding on to feelings of guilt for returning to New Zealand and moving away from him when he died unexpectedly. The ADC experiences that she had enabled her to resolve these negative feelings and know that because he was okay and happy, that she didn't need to hold on to her feelings of guilt and didn't need to feel any sort of responsibility.

#### **4.5.4 Letting go of social roles and responsibilities**

Several participants reported that their ADC experiences helped them to let go of the social roles and responsibilities that they had with their deceased loved one and helped them to be able to move forward with their life. Participant 10 reported that the experiences she had when her son first passed away were interpreted by her as signs that her son's spirit was still around her. This led the participant to question why her son's spirit was still lingering and she reported that she felt a responsibility to him as his mother:

*"...as a mother my first instinct was, um, do I have a responsibility for you? I can feel you here, I know you're here"*

*"...then I started worrying that maybe you haven't passed on, you should have gone, you know. Why are you still hanging around my home?"*

In this participant's final ADC experience, her son said: "This is it I've come to say goodbye. I won't be back again". When the participant woke next morning, she reported feeling different, empty, and gutted. The final ADC experience the participant had provoked feelings of grief for her, and she felt like she was losing her son all over again, because the continued bonds that she had maintained after his death were now being severed – triggering feelings of loss and grief:

*"...I woke up the following morning and it felt so different, it was like, I felt gutted. The house felt different, the energy felt different. I thought: "you've gone, okay", and it was like grieving all over again"*

*"I was really, not distraught it wasn't that bad, but I was really empty again. It felt really weird it was a bit like grieving again and I thought okay, I'm gonna have to get on with life now that's it".*

The participant interpreted this final experience as a sign that she needed to move forward with her life and believed that her son was encouraging her to do so. This experience provided her with motivation to get on with life and to let go of her son:

*“...I can be happy now and I sort of drew a line under it and I, yeah, got on with my life after that”*

An interpretation of this is that the participant felt a responsibility to her son to maintain their bond, and perhaps his last message of saying goodbye was a sign to her that it was okay to move on. This experience helped her to resolve these feelings of guilt and responsibility, as well as the strength and courage to finally let go of her continued bond with her son and move on with her life

#### 4.6 Other Psychological Benefits of ADC Experiences

##### *4.6.1 Heightened Spiritual (Existential) Awareness*

Participants reported that as a result of their experiences, they were more aware of and ‘in tune’ with the spiritual realm. For example, Participant 3’s first ADC experience was interpreted by her as fearful - but she was also grateful for it because it was through this original experience that she was able to feel more ‘open’ to receiving communication from her deceased nana:

*“Yeah I don’t know who or why, but now it’s definitely opened me up like it wasn’t a great experience obviously, but I’m thankful for it cause now I can kind of, be a bit more open and you know, eventually see my nana in my dreams”*

This participant reported that having the ADC experiences has increased her sense of spirituality and opened her eyes to the spiritual realm, as well as given her a greater appreciation for life. The participant reported that spirituality is now an important aspect of her daily life as a result of her ADC’s:



*"Yeah I definitely feel more... oh this sounds so cringey... woke. Like I feel a little bit like even a bit more alive knowing that there, I don't know, I just feel a bit more alive than usual"*

*"Yeah it's definitely going to be in my life now like for however long I live its gonna affect the choices I make and the way I think"*

This is evidence for the participants belief that the experience provided her with a sense of enlightenment and insight and has elevated her connection with 'the other world'. Because of the nature of the experience, not only did it provide her with insight into the positive aspects of the spiritual realm, but the more negative aspects also, which was fearful for her. The participant identifies and refers to this spiritual realm as a physical place that exists somewhere – 'the other world'.

*"I think the whole like, I'm kind of scared about opening up or going to the other world. Like using tools kind of scares me, maybe in the future but for now I'm like mmm I'll stay away from them"*

*"Yeah and I think if you don't know what you're doing then you shouldn't go over there you know, I definitely believe that there's good and bad"*

This insight into 'The other world' and the potential for life after-death that is associated with ADC is reported by Participant 3 to provide her with meaning and purpose to her life:

*"Sort of gives you a bit more um more of a purpose to living really, knowing that there is something at the end of it you know"*

For many participants however, spirituality had always been an important aspect of their lives even prior to their ADC experiences. This was reported by Participant 1 who stated:

*"...when I was younger, I used to go to people's houses and pick things up in rooms. Like when we moved as kids and that, um there would be a certain room in the house I never liked and then I found that someone had actually passed in that house".*

Therefore, this raises the question of which way around the relationship is between pre-existing spiritual beliefs and ADC experiences.

#### *4.4.2 Increased belief in existence of life after death*

All but one participant reported belief in life after-death following their ADC experience.

*“Um I guess it sort of also, like we said, helps me believe more that there is a life after death and that they are always with you, you know like there's that saying how we're um you know, we're spiritual beings in human form while we're here and that the soul lives on after we die....” – Participant 2*

The exclusion to this was Participant 5, who reported that their ADC experience had challenged their beliefs about life after death. He had stated he was sceptical of spirits being able to communicate with the living prior to his experience and that his experience had challenged his belief system:

*“I don't have a strong conception around dealing with the spirits of the deceased, it hasn't been a big part of my reality, um I've been a little bit kind of agnostic in that direction and sitting on the fence about whether they can actually um interact with the living”*

*“Its had quite an influence and it has disrupted my, any sense that I had, that people simply cease to exist afterwards. It has had me wondering if something remains after consciousness departs the body or after the body's functions stop, and I've always asked is there anything residual beyond all that. And that experience has given me a sense that, even if just for a short time after death, there may be remnants of a person's awareness that exists beyond the death of the body”*

This appears to be frustrating for the participant, as his experience has given him some insight into the existence of life after death, but also left him with a lot of unanswered questions.

#### 4.5 Disclosure stigma

In line with previous research that indicates a disclosure stigma exists around spiritual experiences (McCormick, 2015; Streit-Horn, 2011; Knight, 2011), participants in this study also reported hesitance to disclose their experiences out of fear of negative judgement or evaluation from others:

*“Like maybe not judgement but I definitely feel like I don’t really wanna talk about it like even just now I saw someone coming here and they were like “where are you going?” but I didn’t say what I was going off to do just cause you don’t know what people think” – Participant 4*

During my interviews for this research, majority of participants would start their reports by saying something like “this is going to sound crazy” or “you’ll probably think I’m crazy”. This is problematic because it means that there is potentially a higher number of people having these experiences than what is reported, but people are often fearful or hesitant to report them.

#### 4.6 Cultural interpretation and phenomenology of experience

This research identified the important role of culture in participant’s phenomenology of ADC. Participant 7 was not sure what to make of her ADC experience and so turned to a kaumatua for guidance. She was advised her that she was lucky to have had the experience, and that she should be grateful for possessing the ability to see spirits. The kaumatua advised her that perhaps the little old lady was simply reminding her that she has a ‘basket full of knowledge’. This is a reference to Māori mythology and the three baskets of knowledge that were retrieved by Tāne: Te Kete Aronui (knowledge of our senses and how we experience the natural world), Te Kete Tuauri (knowledge of rituals), and Te Kete Tuatea (knowledge of spiritual realities, our connection to the past). It is my interpretation that the little old lady that the participant saw, combined with the interpretation that was provided by the kaumatua, was indeed a message to the participant to say that she had a basket full of knowledge, and this was knowledge of the spiritual realm. It is my interpretation that the spiritual knowledge that her aunty possessed was passed on to her after her

aunty had died. It was the participant's Aunty (before she had passed away) that always provided the participant with spiritual guidance. With regards to the experience that she had while camping in the Coromandel, her Aunty was able to provide her with knowledge that helped her to interpret the experience. Her aunty had a lot of valuable knowledge about the Māori land wars, and told the participant that the area where she was camping was where Tainui people had walked a whole lot of Coromandel Māori off of a cliff – Tainui is the participant's iwi. Therefore, the participant and her Aunty interpreted the experience as a message that the participant should not have been on that land due to the cultural history that took place there.

Participant 3 made references to being fearful of 'the other world'. This could potentially be attributed to the traditional Maori view that speaking about one's death invites death upon you, again a cultural interpretation.

*"It would be cool to find out more but then I'm like that's kind of, I don't know, I always worry about stepping too much into that world"*

*"Yeah and I think if you don't know what you're doing then you shouldn't go over there you know, I definitely believe that there's good and bad"*

Further from this, Participant 3 appears to place her ancestors and deceased loved ones on the same platform as God. When having a fearful ADC experience with an unknown entity, she asks for help from either God, her ancestors, or her family:

*"Yeah I guess it was the whole either someone help me so either any of my ancestors, family, or God"*

This further supports the conclusion that this participant holds her deceased loved ones in absolute highest of regard, almost as though they have the powers and abilities of a deity.

Personally, this resonates with me as a Māori individual and with the worldviews that I was raised with. In my upbringing we were always taught to hold high respect for our *tupuna* (ancestors), in life and death. In traditional Māori culture, our *tupuna* were our greatest source of knowledge and

*mana* (strength/pride). What they learned about navigating through life successfully was passed down through the generations through (mainly oral) means such as *karakia* (prayer/chant) and *waiata* (song). Therefore, for Māori people, our *tupuna* are one of our greatest *taonga* (treasures).

Cultural interpretation is also shown in Participant 8's report of her ADC experience with her father. After this experience, the participant sought advice from her grandmother who advised her that it was a sign her father was unhappy that her family had not stayed at his village.

#### **4.7 Challenged belief systems**

Participant 5 reported being startled at his ADC experience as it was not something that he expected because he was highly sceptical of spirits being able to communicate with the living prior to his experience:

*"I don't have a strong conception around dealing with the spirits of the deceased, it hasn't been a big part of my reality, um I've been a little bit kind of agnostic in that direction and sitting on the fence about whether they can actually um interact with the living"*

The participant felt grateful that he had the experience, but also fundamentally challenged because it made him question his belief system around what happens after death:

*"It's had quite an influence and it has disrupted my, any sense that I had, that people simply cease to exist afterwards. It has had me wondering if something remains after consciousness departs the body or after the body's functions stop, and I've always asked is there anything residual beyond all that. And that experience has given me a sense that, even if just for a short time after death, there may be remnants of a person's awareness that exists beyond the death of the body"*

As shown by the above example, the participants experience *disrupted* and changed his entire belief system about life after death and it appears that this is perhaps something that he is not entirely comfortable with – the unknown. The participant appears to be a person that highly

values objectivism and empiricism, and his experience challenged these core values for him and has generated a lot of questions for him:

*“Um but the experience of my mother made me question, um, did my mother stay intact after leaving her body? Did her conscious awareness endure? Um did she, has she reincarnated intact into another being? Um has she broken up and disintegrated? I can’t comment and I can’t speculate on those, all I can speculate on is an unmistakable sense that she was present in those moments”*

Participant 3 also appears to be challenged by her ADC experiences, particularly by the negative and fearful ADC experience she had with an unidentified entity:

*“But obviously me, in that time, I thought oh my god this is like some Latin, like demon s\*\*\*\*”*

*“And just because you think you’re talking to someone doesn’t mean it actually is who you think you’re talking to”*

This example highlights that the participant interpreted the unknown and fearful entity as being demonic in nature, which may be based on a religious belief system. The second example above could be interpreted through a religious perspective of “The devil wears many faces” – a religious belief that the devil preys on the vulnerable and can sometimes trick you into believing that you are seeing or talking to a loved one, when it is in fact the Devil impersonating your loved ones. These examples suggest that the participant’s experiences have increased her belief that there are both good and bad spirits. Specifically, that if she is able to experience communication with her nana – that potentially evil spirits may be able to connect with her also. When this participant is having a fearful ADC experience she turns to God for help:

*“... I need some help and, in that moment, like I started praying and I was like someone, dear God, help me”*

This is interesting because this Participant identified as **spiritual**, not religious. Therefore, the fact that she makes biblical references when she has not chosen to identify as Christian is intriguing.

This could be interpreted as the participant attempting to draw on other belief systems to be able to make sense of and interpret her experience.

This chapter has presented the main findings of the research in relation to the research aims. The demographic characteristics of the participants in this research were similar to previous research. The benefits of ADC reported by the participants were presented including the benefits to their grieving process, and other psychological benefits such as spiritual growth and reduced fear of death. The next chapter aims to discuss these findings.

## CHAPTER 5

### *Discussion*

*I experience spirituality as space. I call it the space within my heart. It is my most precious self. My spirit. My soul. My essence. My being. It is the breath of life. The innermost part of me. It's the place where I meet myself. Its where I belong. It is where I find a sense of connection – with myself, and with something beyond my self – a spirit greater than myself. And sometimes, very occasionally, with another person, who is standing in their space*

(Leibrich, 2002, p146).

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This chapter presents a detailed discussion and analysis of the research findings in specific relation to the research aims. The first aim was to investigate the demographic variables of the participants and determine whether there are any similarities or differences between the present sample and previous samples with regards to demographic characteristics of the participants. A further aim of the study was to investigate the meanings, interpretations, and implications attributed to the experiences by the participants.

### 5.1 Demographics of participants

#### *5.1.1 Gender*

With regards to the demographic characteristics of the participants, majority (9 out of 10) participants in this study were female, which aligns with research that has shown it is more likely for females to experience ADC (Barbato, 1999; Streit-Horn, 2011), and discuss it (Daggett, 2005). These gender differences have been attributed to social norms in Western culture. MacDonald (1992) states: “in our culture, idionecrophanic experiences are consistent with the principle of femininity, but not at all consistent with the principle of masculinity” (p. 217). In our culture women are often



considered to be more 'in touch' with their feelings and more sensitive in general. Women are expected to be emotional, intuitive, and receptive to the unconscious, whereas men are expected to be less emotional, sensitive, and invulnerable (McCormick, 2016). This could potentially lead to women being more open and receptive to the subtleties of ADC than males. MacDonald (1992) concludes that males are socialized to suppress intuitive thoughts, which may lead to them being less apt to report ADC experiences if they have them. The implication of this is that potentially, males do experience ADC as often as females, but are less likely to disclose and discuss their experiences due to internalised social roles and cultural expectations. It is also possible that the snowballing recruitment method used in this research may have affected the gender of participants who opted to be in the study.

### *5.1.2 Age*

The age of participants in this study ranged from 22-63 years; averaging 43 years, which is an older participant population on average. McCormick's (2014) study on post-death contact also found her participant group skewed towards an older group. This aligns with the findings of Streit-Horn's (2011) systematic review which included studies highlighting ADC is more common among the older population. This could potentially be explained by the fact that older people have lived for longer and therefore are more likely to have experienced the death of a closed loved one. Alternatively, older people are perhaps more inclined to be living on their own, enabling them to be more aware of the subtle nature of ADC.

### *5.1.3 Religious/spiritual beliefs*

Participants in this study ranged in their spiritual beliefs and affiliations. Half (five) of the participants identified as spiritual, two identified as Christian, one as Setian and Quakers, and one participant reported having no spiritual or religious beliefs. This is evidence that religion and spiritual affiliation is not derivative of an ADC experience: anyone can experience ADC regardless of pre-existing spiritual belief which aligns with findings from Streit-Horn (2011).

#### *5.1.4 Cultural frameworks*

Previous research has highlighted that the phenomenology of spiritual experiences in a New Zealand context is influenced and shaped by the individual's culture (Tassell-Matamua, 2013). In the current research, participants' interpretations of their ADC experiences were influenced and shaped by their cultural worldviews. This has important implications because it suggests that culture needs to be taken into consideration when discussing and researching ADC.

### 5.2 The Beneficial Nature of ADC Experiences

A further aim of the present study was to investigate what the meaning of the ADC experiences were for the participants. Analysis in this research revealed common themes, meanings, and interpretations across the sample of participants, majority of which spoke to the beneficial and positive impact of their ADC experiences. This aligns with, and adds further support to, the immense amount of literature supporting an association between ADC experiences and positive psychological benefit. The implications of this are *pivotal* for psychological practise within a New Zealand context.

#### *5.2.1 Assistance with grieving*

This research highlights that embracing and accepting ADC experiences can lead to immense growth and assist with the process of grieving. Participants in this research reported that in terms of their grief; their ADC experiences provided them with comfort in knowing that they could continue to feel connected to their loved ones through continuing spiritual bonds. Their experiences also provided them with solace that their loved ones were at peace, healthy, and happy: which further assisted them with acceptance of their loved ones' death and enabled them to move forward with their lives.

#### *5.2.2 Spiritual growth and transformation*

Majority of participants in this research reported that their ADC experiences increased their awareness of the spiritual realm and the possibility of life after death. For some participants in this research however, spirituality had always been an important aspect of their lives even prior to their ADC experiences. For most of the participants their ADC experience opened their eyes to spirituality and it thereafter became an important dimension of the participants lives. Having a strong sense of spirituality has been shown to be a protective factor and linked to many benefits such as less psychological distress, more life satisfaction, and greater achievement of life goals (Corrigan, McCorkle, Shell, & Kidder, 2003). There are various suggestions in the literature about why spirituality is linked to many benefits. Kennedy, Kanthamani, & Palmer (1994) suggest that having spiritual beliefs provides people with meaning in life; specifically, that it provides a framework that makes life understandable, offers goals to attain, and provides fulfilment. Interestingly, these researchers also found that meaning in life is positively correlated with having an anomalous experience. It is suggested that spirituality also provides people with relevant coping skills which help them to deal with life stressors. Spirituality and religiosity also provide people with hope – which is an essential aspect of recovery from illness and distress.

### 5.3 Beliefs about experience

The current research uncovered that people's existing spiritual frameworks are very important when it comes to people being able to understand, interpret, and make sense of their experiences. The participants existing belief systems were what they reported assisted them with the *meaning making* of their experiences. For the participants in the research who did not have a pre-existing framework or belief system to rely on to be able to interpret their ADC experiences; the reception, response, and advice provided by trusted and close people to the individual became a significant influence on their meaning making processes.

According to Rhea White (1993), who coined the term 'Exceptional Human Experience' (EHE): it is only if the spiritual experience (such as ADC) is accepted and "believed" by the

experiencer that it has the power to catalyse significant changes and become an EHE. White (1993) believed that if the experience is attended to, supported, encouraged, and worked with – that these types of experiences have the power to be transformative. Research by Devers (1994) (cited in Damaris & Drewry) on bereaved individuals experiences of ADC, found that the individuals must accept the ADC as a real and possible event, otherwise they are likely to discard the healing potential that the ADC experience can offer. This is an important finding because it highlights the important role that participants pre-existing beliefs play in their meaning making process, and the influence of others in this process.

#### 5.4 Disclosure Stigma

In line with previous research, the findings of the current research highlight that a disclosure stigma exists among people with ADC in New Zealand. This finding has implications for further researchers in the field of ADC to be aware of this disclosure stigma. Furthermore, this finding highlights the need for more research and investigation on ADC within New Zealand. Hopefully, with more information will come more understanding of the phenomenon, which will help to break down the existing stigma.

#### 5.5 Potential limitations to research

It is important to note the experiences that were selectively **excluded** from this research. This research was interested in investigating direct, spontaneous, ADC experiences with deceased humans. There was one participant report which was unfortunately excluded from this study because it involved ADC with a deceased pet. This presents an opportunity for further research into ADC experiences involving a deceased animal in New Zealand.

One limitation to the current study is that, due to the small sample size and the qualitative focus of the research, the results are not generalizable to other samples. The qualitative approach allowed for rich descriptions of participants ADC experiences, but there is also a need for

quantitative research in this area to allow for more accurate estimates of the prevalence and characteristics of ADC experiences within New Zealand, and to allow for more generalizability of findings.

Another limitation to this study is that a lot of the participants were University students, due to the recruitment method used. Future studies should endeavour to recruit a wider range of participant occupations. Furthermore, this research did not investigate certain demographic variables such as socio-economic status or marital status. These were decided to be excluded by the principal researcher because they were deemed to be invasive and personal, and there was concern that this may affect the rapport between the participant and the researcher in the interview. However, future research could possibly aim to include these variables.

## 5.6 Summary

This research describes the phenomenology of the ADC experiences of 10 New Zealanders. In line with previous research, the findings show that participants described their experiences in majority positive terms and that their experiences were beneficial in many ways. Participants reported that their ADC experiences were helpful in terms of their grieving process and provided them with insight into the potential for existence after death. Participants reported that their ADC experiences provided them with a sense of continuing bonds with their deceased loved ones, which was comforting and reassuring for them. The participants identified that they utilize this continuing bond with their deceased loved ones in their everyday lives and decision making. This research identified that participants pre-existing beliefs were invaluable to their ability to understand and make sense of their experiences. When participants did not have a pre-existing belief system to be able to make sense of their experience, the views and beliefs of others became important. This has implications for therapists and psychologists within New Zealand because it highlights that the reception and response of others plays an important role in a person's meaning making and

interpretation of their ADC experiences. This research encourages practitioners within New Zealand to be open and accepting of client's potential ADC experiences, in order to assist them with their meaning making processes, and potentially be able to induce the proven benefits of doing so. Through open discussion with others, and further research on hidden phenomena such as ADC, hopefully the common (yet problematic) cultural discourse that exists about spiritual experiences will dissolve.

*There is no death of the spiritual being you truly are, only a change, a transformation, as you release your physical body. Like an immortal butterfly emerging from its cocoon, you will be free to soar as high as your wings, your consciousness, can carry you. Upon returning home, you will celebrate reunions with your loved ones who preceded you, and you shall know the meaning of joy*

(Guggenheim & Guggenheim, 1995, p389)

## CHAPTER 6

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## Appendix

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### Appendix A

#### *Research Advertisement*

## AFTER-DEATH COMMUNICATION

### HAVE YOU EXPERIENCED...

- Sensing the presence of a deceased loved one...?
- Hearing their voice...?
- Feeling their touch...?
- Smelling their fragrance....?
- Vivid dreams of your deceased loved ones...?
- Your loved one's presence symbolically...?

I am a current postgraduate student studying towards a master's degree in psychology. I am seeking participants who are interested in completing an interview about their after-death communication experiences.

If you are interested in participating, please contact me:

EMAIL: [ashdenhemopo@gmail.com](mailto:ashdenhemopo@gmail.com) FACEBOOK: [Ashden-Rose Hemopo](#)

## Appendix B

### *Participant Consent Form*



**MASSEY UNIVERSITY**  
 COLLEGE OF HUMANITIES  
 AND SOCIAL SCIENCES  
 TE KURA PŪKENGA TANGATA

#### ***Spontaneous After-Death Communication: A Catalyst for Spiritual Growth?***

#### **PARTICIPANT CONSENT FORM - INDIVIDUAL**

I have read or have had read to me in my first language, and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I agree to participate in this study under the conditions set out in the Information Sheet.

#### **Declaration by Participant:**

I \_\_\_\_\_ [print full name]\_\_\_\_\_ hereby consent to take part in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Appendix C

### *Participant Information Sheet*

# Spontaneous After Death Communication: A Catalyst for Spiritual Growth?

## Participant Information Sheet

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*Tēnā koe,*

*You have been invited to take part in the Spontaneous After Death Communication study which is looking at New Zealanders experiences of after-death communication.*

*If you agree to take part in the study, you will be asked to sign the consent form on the last page of this document. You will be provided with a copy of both the Participant Information Sheet and the Consent Form to keep.*

### WHO IS DOING THIS RESEARCH?

*The research is being conducted through Massey University by Ashden Hemopo under the supervision of Dr. Natasha Tassell-Matamua. Ashden is a postgraduate psychology student and this research is towards completion of her Masters thesis. Natasha is a senior lecturer with the School of Psychology and is a very experienced researcher in the area of near-death experiences and the role of culture in psychology.*

### WHAT IS THE PURPOSE OF THE STUDY?

*We are interested in exploring after-death communication (ADC) experiences in New Zealand. After-death communication is a "phenomenon in which a living person has a feeling or sense of direct contact with a deceased person". This could be through any sensory means such as hearing your deceased relative, seeing them, smelling their fragrance or feeling their touch. It could also be symbolic such as seeing an object that symbolically represents your loved one, or in the form of a dream, DeJa'Vu, or an intuitional thought. This research project will focus on spontaneous after-death communication, in which the person does not seek or invite communication such as through the use of a medium. This research is the first of its kind to be conducted in New Zealand, and by doing this research we hope to gain a greater understanding of what these experiences are like for people in New Zealand.*

### **WHAT WILL MY PARTICIPATION IN THE STUDY INVOLVE?**

*If you are aged 18 or over and you have experienced some form of after-death communication in your lifetime, I would be interested in interviewing you.*

*The study will involve you participating in a recorded interview (with your consent) about your experience. The interviews can be completed at a location and time that is most convenient for you and will take approximately 1-1.5 hours to complete.*

### **WHAT ARE MY RIGHTS?**

*Participating in this study is completely voluntary and you are free to decline to participate, or to withdraw from the research at any practicable time, without experiencing any disadvantage.*

*You, the participant has a right to access information about you, collected as part of this study.*

*It is important that we maintain your privacy throughout this study. Your name and contact information will be held electronically and stored on Ashden's computer only for data recording purposes. Your name will never*

*be used in any report, correspondence or publication involved with the study. Your involvement in this study is confidential.*

## WHAT HAPPENS AFTER THE STUDY OR IF I CHANGE MY MIND?

*You can withdraw from the study at any time. If you choose to withdraw, all the data that was related to you will be destroyed*

*The study data will be stored at a secure location at Massey University Manawātū Campus. Electronic data and records will be the responsibility of Ashden Hemopo. All data will be kept for 10 years, at which point it will be destroyed using University Security methods for removal of confidential material.*

*The findings from this research will be made available to you if you agree to participate and if you wish to be updated with the findings. This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 20/14. If you have any concerns about the conduct of this research, please contact Dr. Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz)*

*Should you have any questions about this study during your participation you can contact the following people:*

*Ashden McPeak Hemopo: Postgraduate research student, School of Psychology, Massey University, Manawātū campus*

*Phone: 0223859357*

*Email: [ashdenhemopo@gmail.com](mailto:ashdenhemopo@gmail.com)*

*Dr. Natasha Tassell-Matamua: Deputy Head of School, Senior Lecturer, School of Psychology, Massey University, Manawātū campus*

*Phone: 06 951 8080 ext. 85080*

*Email: [N.A.Tassell-Matamua@massey.ac.nz](mailto:N.A.Tassell-Matamua@massey.ac.nz)*

## Appendix D

### *List of available supports provided to participants*

#### **AVAILABLE SUPPORT:**

It is possible that discussing your experiences with After-Death Communication could potentially induce feelings of emotional discomfort. If at any point in the research process you find yourself experiencing any discomfort, please let either myself or my supervisor: Natasha Tassell-Matamua know, and we will endeavour to support you or direct you to the appropriate support network. Our contact details can be found below, or also on the information sheet provided to you.

Alternatively, please see below a list of available support networks that you are welcome to access:

#### ***Lifeline***

Free phone counselling service.

**Phone:** 0800LIFELINE (0800 543 354)

#### ***Mental Health Foundation Bereavement Support***

A website with information and support on grief and bereavement.

**Website:** [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

#### ***Skylight***

An online resource with articles and online mental health support

**Website:** [Skylight.org.nz](http://Skylight.org.nz)

#### ***Oranga Hinengaro:***

Māori Mental Health Service - A culturally designed service for Māori, by Māori.

**Phone:** 06 350 9155

**Email:** [Oranga.hinengaro@midcentraldhb.govt.nz](mailto:Oranga.hinengaro@midcentraldhb.govt.nz)

#### ***Mental health crisis helpline:***

An emergency mental health service for support if you are at risk of hurting yourself, or feeling too overwhelmed to function

**Manawatū Phone:** 0800 653 357

#### ***Massey University Student Health & Counselling***

A free counselling service available to students of Massey University

**Manawatū campus:**

**Phone:** 06 350 5533,

**Email:** [studenthealth.manawatu@massey.ac.nz](mailto:studenthealth.manawatu@massey.ac.nz)

**Ashden McPeak Hemopo:** **Phone:** 0223859357; **Email:** [ashdenhemopo@gmail.com](mailto:ashdenhemopo@gmail.com)

**Natasha Tassell-Matamua:** **Phone:** 06 951 8080; **Email:** [N.A.Tassell-Matamua@massey.ac.nz](mailto:N.A.Tassell-Matamua@massey.ac.nz)

## Appendix E

### *Interview Schedule*

*Demographic questions: Age, ethnicity, education level, religious/spiritual affiliation, occupation*

- Have you ever experienced some form of contact or communication from spirits or deceased loved ones? Tell me about this experience....
- How old were you when you had this experience/how long ago was this?
- Have you disclosed this experience to anybody before?
- Have you had more than one experience like this?
- Is your experience related to a recent loss? If so, how long ago did your loss occur?
- How did you feel at the time of the experience?
- Reflecting back on the experience, do you think it has changed your life in any way? How?
- Do you think the experience altered or changed your spiritual beliefs? In what way?
- How important was your sense of spirituality to you before your experience? And what about after?
- Do you believe in life after death? Did you believe in life after death prior to your experience?
- Do you believe you will be reunited with your loved ones who have passed on one day?
- Do you believe your loved ones are watching over you?
- What did your experience mean to you?
- What sort of spiritual activities or tools do you use in your everyday life? E.g. crystals, incense, prayer etc.
- What is the value of using these tools for you?
- What is the value of your experience?
- Do you think these types of experiences will have value for others? How so?

