

After-Death Communication in Grief Care: Meaning Making Through a Documented Human Experience

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Vancouver Island Federation of Hospice and Palliative Care

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Tapping Into Love

*"You get to keep that feeling,
that legacy,
forever.
Nothing can ever take that away from you."
— Krista Helman*



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About Krista Helman, MSW

- Registered Social Worker in Ontario
- Registered Clinical Social Worker in BC
- Founder & Executive Director, Trauma & Grief Institute
- International Speaker & Facilitator
- Author
- EMDRIA Approved Consultant & Advanced Trainer
- Developer of EMDR-GRIEF Protocol



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Self-Care Reminder

If needed, I can self-regulate with the following tools....

If I need social support during this presentation, I can...

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A
Cryogenic
Leak

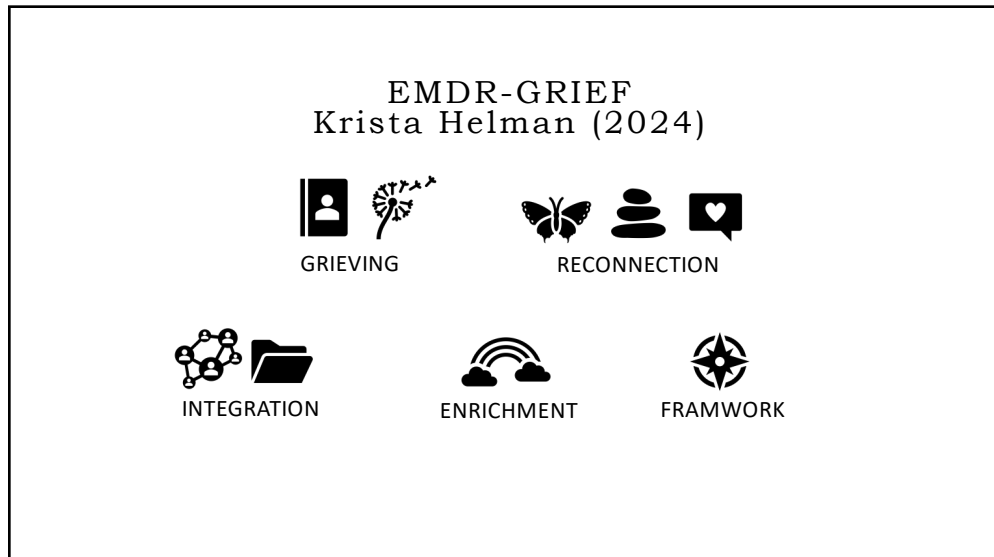


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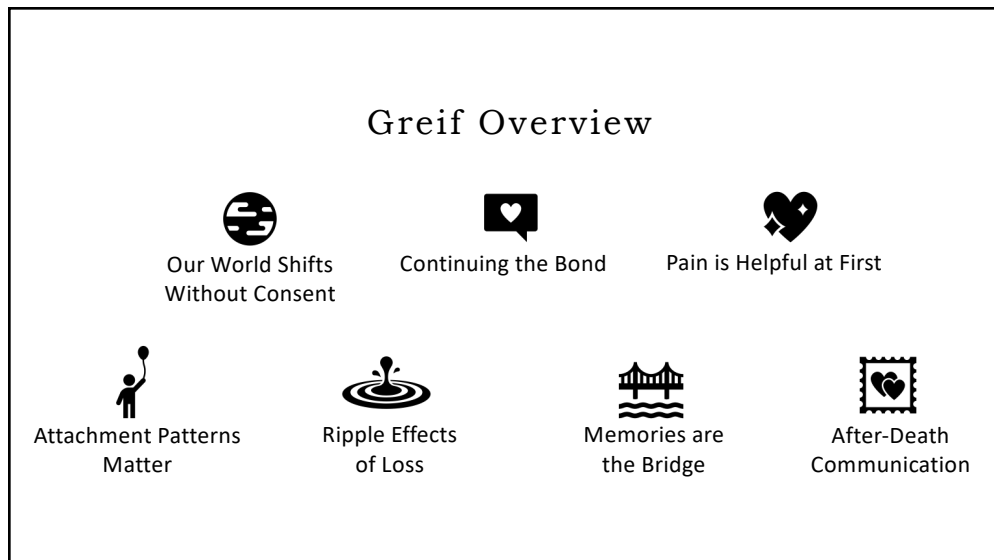
Aura



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Have you ever felt like someone who died was... still around?

After-Death Communication (ADC):

sensed contact with a deceased loved one, often spontaneous and uninvited.

Any age, culture, belief

Sleep, waking, meditation, near-death

Often brings comfort, continuity, growth




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After-Death Communication (ADC)



- Why are they important for the grieving process?
- How do they happen?
- Who experiences them?
- Are they relevant to therapy?
- What do we do if one happens during or between meetings?

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ADC is Not New


"After-death communication has been part of the human experience since earliest recorded history and is known to be highly beneficial to bereaved individuals who experience it."
 — McCormick & Tassell-Matamua, 2016, p. 151

- 1 **Children**
Spontaneous reports of sensing or seeing deceased parents and grandparents — often described matter-of-factly
- 2 **Adults**
Most commonly following right after the death of a loved one
- 3 **Elderly**
Deathbed visions so consistent at end of life that health care workers have used them as a signal to call the family in
- 4 **Across cultures**
Documented in Indigenous, Eastern, Western, and secular traditions — including among people who don't believe in an afterlife

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What the Research Actually Says

- 25–40%
General population
Report at least one ADC experience.
(McCormick & Tassell-Matamua, 2016, p. 152)
- 30–60%
Bereaved individuals
Report ADC.
(Elsaesser et al., ADC Research Project, adcrp.org)
- 80%+
Comforting
Describe it as helpful, not distressing.
(Beischel, J., 2019, p. 5; McCormick & Tassell-Matamua, 2016, p. 151)
- Mental illness link
No evidence of a link in people with intact insight.
(Beischel, J., 2019, p. 2)



Many people never tell anyone — not their doctor, not their therapist, not their family. The stigma is the problem, not the experience. (Beischel, 2019)

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What ADC Looks & Feels Like

Sensing a Presence

Feeling the deceased nearby.

Visual

Seeing them, clearly or peripherally.

Auditory

Hearing their voice or name.

Tactile

Feeling a touch, warmth, or weight nearby.

Olfactory

Smelling a scent tied to them.

Dreams

Vivid dreams that feel unusually real.

Symbolic

Meaningful coincidences at key moments.

Electronic

Devices behaving oddly at meaningful times.



ADC can occur while awake, asleep, in meditation, in a coma, in full health, or near death. It is not limited to any one state of consciousness. (McCormick & Tassell-Matamua, 2016)

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My Nan's Perfume

After my Nan died, my mom started smelling her distinct perfume around the house. Her first instinct was to accuse us kids of pranking her — because her relationship with my Nan had been complicated.

We all smelled it—on and off, for about a week. There was no perfume in the house. No belongings of my Nan's. No explanation.

What my mom felt first

Suspicion. Denial.
A complicated response that made it hard to process.

What it became

A shared family experience. Undeniable.
Unexplained. And for most of us, comforting.

Olfactory ADC is one of the most commonly reported forms — and one of the hardest to dismiss.

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We Don't Know What ADC Are. That's Okay.

"The experiences have been defined as real and important by those having them — and thus are real in their consequences. Some people do believe that communication between the living and dead is a reality, and we do not have evidence to the contrary."

— McCormick & Tassell-Matamua, 2016, p. 24

What we know

ADC experiences are documented, consistent, and associated with measurable benefits for the bereaved.

What we don't know

Whether these experiences represent actual communication with the deceased. Science has not proven they don't.

What that means for us

Our job is not to resolve the metaphysical question. It is to stay open, normalize the experience, and help the client make meaning of it in their own way.



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Types of ADC

Spontaneous (Unsolicited)

Happens unexpectedly, without intention. The most common and most researched form. A smell, a presence, a dream that felt too real.

Facilitated (Self-Induced)

Intentionally created through breathwork, meditation, or mirror-gazing (psychomanteum). The individual initiates the conditions.

Assisted (Medium)

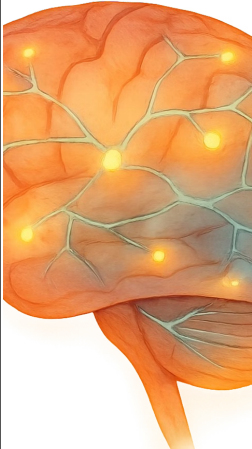
Experienced through a third party such as a medium or spiritual practitioner who acts as a bridge.

Requested (Technology or Psychedelics)

Initiated using tools such as Instrumental Transcommunication (ITC) or psychedelic-assisted therapy.

Most peer-reviewed research focuses on spontaneous ADC.
Benefits are well-documented across spontaneous and facilitated forms. (Beischel, 2019)

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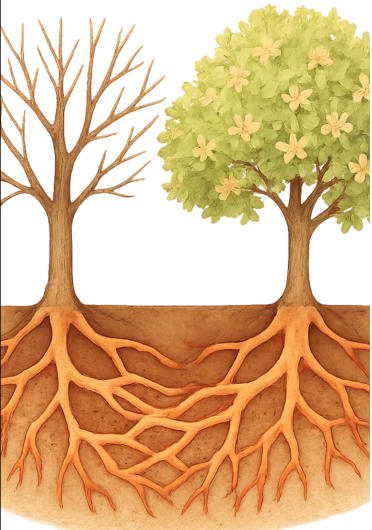


The Grieving Brain

<p>Dopamine System Drives the urge to seek and reconnect.</p>	<p>Hippocampus Continues to encode them as present in familiar places.</p>
<p>Amygdala Amplifies the emotional pain of loss.</p>	<p>Default Mode Network Keeps them active in the mind, fueling longing.</p>

The brain doesn't stop loving. Attachments are never severed, they evolve.

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ADC & Continuing Bonds Theory

"The relationship with the deceased is not required to be severed to process grief; instead, it continues in an adaptive form."
— Beischel, 2019

- Continuing bonds are healthy and adaptive — not a sign of being stuck.
- CBs include talking about the person, looking at photos, and using the deceased as a role model.
- ADC fits naturally here: it is one way the bond continues.

"CBs could be one of the cognitive, behavioural, and psychological ways in which grief manifests, rather than an indicator of prolonged grief disorder or complicated grief." — Hewson et al., 2023, p. 8

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Distinguishing ADC, Dissociation, & Psychosis in Grief Work







ADC	Dissociation	Psychosis
<ul style="list-style-type: none"> Brief, meaningful, coherent Occurs during emotionally significant moments Insight and orientation preserved Non-intrusive; no functional impairment Often comforting and integrative 	<ul style="list-style-type: none"> Trauma-based protective response Internal voices or experiences linked to parts/ego states Insight usually preserved (“a part of me”) May include depersonalization or derealization Improves with grounding and regulation 	<ul style="list-style-type: none"> Persistent, intrusive, disorganizing Impaired reality testing and insight Voices often external, commanding, or threatening Incongruent with context or relational memory Causes functional impairment; requires psychiatric care

Clinical Differentiation Focus:

Insight • Reality testing • Emotional tone • Coherence • Impact on functioning

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Benefits

 Feeling cared about	 Less sadness, guilt, anger	 Comfort, continuity, growth
 Stronger connection to decea	 Grief and conflict resolution	 Less intrusive imagery

These benefits can occur even without spiritual belief. (Beischel, 2019)

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Why Clients Don't Tell Us

Fear of seeming "crazy" or unwell	Fear of being judged or dismissed
Worry the clinician will pathologize it	Cultural or religious shame
Not having language for what happened	Past experiences of being shut down

"Normalizing these experiences is important in order to prevent additional and unnecessary suffering of the bereaved." (Beischel, 2019, p. 2)

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ADC in the Clinical Setting: Real Stories



These experiences already happen in our spaces.

The Soldier
The Spouse
The Dog

These experiences already happening — with or without a protocol designed for them.

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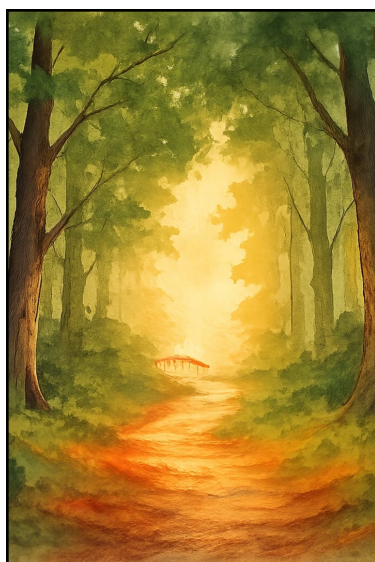
Bailey

"A few days after Bailey died, I called my dad to see how he was doing. His voice became emotional over the phone when he said, 'We thought we heard her last night, then we realized she wasn't there.' As they were settling into bed, they both thought they heard her familiar low 'huff', asking to go outside. My dad also described hearing her nails clicking on the floor at night, a common report I've heard shortly after a dog has passed. When I asked him if this was upsetting, he said no, that it was comforting. Thank you, Bailey, for saying hello."

— *Over The Rainbow: The Love, Loss, & Legacy of Your Dog*



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Incorporating ADC Into Care: A Practical Framework

When ADC experiences are coherent, insight is preserved, and the client finds them meaningful, they can be incorporated into grief care.

Acknowledge

Create space without judgment.

Normalize

Reassure them they are not alone.

Explore Meaning

Help them make their own meaning.

Integrate

Weave it into their grief story.

Refer When Needed

Seek further assessment if safety or functioning is a concern.

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What to Say When a Client Shares an ADC

Your response in that moment matters. Validation opens the door; dismissal closes it.

"That sounds meaningful. Tell me more."

"What was it like for you?"

"Did it bring comfort, clarity, or meaning?"

"What are you taking away from it?"

"How does this fit with what you value?"

"What do you make of it?"

"I'm really glad you shared that with me."

"What did that moment mean to you?"

"What fits or does not fit within your belief system?"

"What was helpful about this experience?"

Avoid: Explaining it away, expressing disbelief, or using words like "paranormal," "imaginal," or "alleged."

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SRRT: A Clinical Tool for Exploring Afterlife Beliefs

<p> Significance — Assess whether afterlife beliefs are relevant to the client's healing</p>	<p> Relationships — Explore how beliefs and bonds with the deceased shape the client's world</p>
<p> Resources — Identify internal and external supports available to the client</p>	<p> Treatment — Collaboratively plan care that honours the client's beliefs and experiences</p>

<p>Phase 1 — Preliminary Assessment Brief questions to determine if afterlife beliefs are relevant to therapy</p>	<p>Phase 2 — Comprehensive Assessment In-depth exploration of the impact of afterlife beliefs on grief, coping, relationships, and well-being</p>
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Clinicians are encouraged to modify questions to fit each client's unique belief system, ensuring a safe, nonjudgmental space for exploration.

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SRRT Sample Questions for Helpers

SIGNIFICANCE

“Do you have any beliefs about the afterlife that you feel are important?”

RELATIONSHIPS

“Are there ways you stay connected with the person who died?”

RESOURCES

“Do your beliefs in an afterlife bring you comfort or strength?”

TREATMENT

“How can I best support you around these beliefs or experiences?”

Source: Christopherson, B., & Beischel, J. (2018). Assessing Afterlife Beliefs in Psychotherapy. *Threshold: Journal of Interdisciplinary Consciousness Studies*, 2(1), 50–74.

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Key Takeaways for ADC-Aware Practice



Know what the research shows
ADC is common and documented.



Create safe space
Let clients know the experience is welcome.



Assess carefully
Watch insight, coherence, functioning, and tone.



Normalize
Many grieving people have experiences like this.



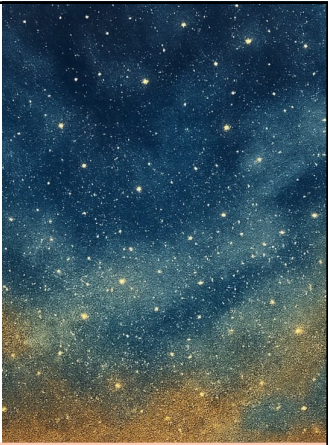
Stay grounded and neutral
Explore meaning without imposing belief.


You don't have to believe in ADC to support someone who has experienced it.
You just have to stay curious.

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The Documentation Is Clear. The Stance Is Neutral.

Documented	Beneficial	Clinically Neutral
Consistently reported across cultures and centuries. This is not a fad.	Associated with reduced grief intensity and distress. Benefits occur even in non-believers.	Our role is to explore what it does for the person. We do not confirm or dismiss the experience—we explore what it means for the person.




Some people believe that communication between the living and dead is a reality. We do not have evidence that definitively explains or disproves these experiences.
 – (McCormick & Tassell-Matamua, 2016)

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“The key issues concerning ADCs is how the experiences can be used to aid in healing, not whether or not they reflect actual communication with the deceased...

The experiences have been defined as real and important by those having them and thus are real in their consequences...


Some people do believe that communication between the living and dead is a reality, and we do not have evidence to the contrary.”

(McCormick & Tassell-Matamua , 2019, p.24)

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*All that we are
is love-energy
and meat.*
— Eli, age 4

Maybe this is all the theory we need.



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Final Take Away



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Hold the Space

Thank you for the work you do — and for being willing to sit with the full complexity of what it means to grieve, and to be human.

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Thank you for the care you bring to this work!

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