‘Sense of presence’ experiences in bereavement and their relationship to mental health: A critical examination of a continuing controversy

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The experience of sensing the presence of the deceased is a common occurrence following bereavement. Although this experience tends to be reported as positive and meaningful by perceivers, for most of the twentieth century it has been described in pathologising terms in the bereavement literature. Recent decades have seen the publication of numerous studies that point to the normality of this experience and its potential benefits for the bereaved perceivers’ wellbeing. However, there is an ongoing debate within bereavement scholarship regarding the nature and healthiness of this experience. This chapter critically examines the extant literature concerning ‘sense of presence’ experiences and draws attention to the diversity of definitions and conceptualisations within which this experience can be interpreted. Research from a variety of perspectives, including attachment theory and the continuing bonds perspective, is discussed and emerging evidence is reported which suggests that those who can make sense of their experience within culturally-sanctioned (spiritual) conceptual frameworks enjoy greater benefits as a result. The discussion then focuses on meaning-making concerns with regard to this phenomenon and concludes with relevant practice recommendations.
An historical overview of research engagement with ‘sense of presence’

Sense of presence experiences in bereavement have for a long time been a relatively neglected phenomenon in bereavement research, possibly due to their controversial status within Western scientific understandings of what constitutes reality. Only a small number of mainstream twentieth century bereavement scholars have deemed ‘sense of presence’ worthy of scientific investigation, and those who have studied or mentioned it in their published work have mainly done so as part of a clinical interest in psychoanalytically-orientated ‘grief work’ conducted in psychiatric practice in which the practitioner’s concern is to help the bereaved patient ‘let go’ of the deceased and ‘move on’ (e.g. Bowlby, 1980; Freud, 1917; Lindemann, 1944; Parkes, 1970). Sense of presence experiences were often mainly of interest as indices of a pathological ‘clinging on’ to the deceased and a denial of the reality of the loss. With the publication of research documenting the existence of beneficial continuing relationships with the deceased in cultures in which such experiences are sanctioned (e.g. Yamamoto, Okonogi, Iwasaki & Yoshimura, 1969), a new curiosity with regard to these experiences gave rise to a number of scientific investigations attributable mainly to disciplines such as general medicine, psychiatry and nursing. The main research focus was now on determining the extent of the phenomenon in the general population and on finding correlates and predictors of having such an experience (e.g. Kalish & Reynolds, 1973; Olson, Suddeth, Peterson & Egelhoff, 1985; Rees, 1971; Simon-Buller, Christopherson & Jones, 1988-89). While a conceptualisation of these experiences as ‘hallucinatory’ was maintained, researchers increasingly drew attention to their widespread prevalence and consoling effect on the bereaved and started to question the pathology label that had hitherto been applied to the experience.

Openly opposing the so-called ‘breaking bonds’ paradigm of the psychoanalytical tradition, the publication of the edited volume Continuing Bonds: New Understandings of Grief by Klass, Silverman and Nickman in 1996 led to a much-documented paradigm-shift in bereavement research. Inspired by cross-cultural research and underpinned by a postmodern openness to diverse constructions of reality and an embracing of qualitative
research methodologies, the continuing bonds paradigm brought forth a burgeoning of new bereavement research, with a proportion either directly focusing on or showing an interest in sense of presence experiences and how these are actually experienced and made sense of by those who report having had them (e.g. Conant, 1996; Parker, 2005; Tyson-Rawson, 1996). At the same time, quantitative survey research with correlational designs continued, adding to the accumulating data opposing the view of such experiences as automatically pathological (e.g. Datson & Marwit, 1997; Grimby, 1998; Lindstrom, 1995; MacDonald, 1995). Towards the end of the 1990s, an interest in coping with bereavement, trauma and loss on the one hand and attachment theoretical concerns on the other sparked new research with an interest in continuing bonds from within psychology departments (e.g. Field, Nichols, Holen & Horowitz, 1999; Richards, 2001; Richards, Acree & Folkman, 1999), continuing into the present day. Field and colleagues have been particularly prolific with regard to research interested in distinguishing pathological from healthy continuing bond expressions (e.g. Field & Friedrichs, 2004; Field & Filanosky, 2010), kindling further debate in recent years which will be examined in more detail below.

One aspect underpinning this debate becomes particularly apparent when examining research that has considered discursive and conceptual dimensions of the phenomenon (e.g. Bennett & Bennett, 2000; Kwalicki, 2011; Sanger, 2009; Steffen & Coyle, 2011), as this has taken account of the significance of culturally available interpretative frameworks within which experiences become defined. As a consequence, such research draws attention to the cultural constructedness of our understandings with regard to what constitutes reality and, indeed, mental health, challenging attempts at defining and delineating such notions on the basis of objectively measurable criteria. This perspective is of particular relevance to a research field concerned with an experience that appears to defy conventional constructions of reality, thereby providing a significant additional dimension to the research field. The growing diversity within this research area as a whole is increased yet further by the publication of individual studies coming from specific perspectives such as parapsychology, ethnography, religious studies and philosophy.
In the light of the relatively small body of specific research relative to the great diversity of perspectives, disciplines, methodologies and research foci within the field, it is difficult to draw general conclusions with regard to this phenomenon and associated mental health implications. However, while the multiplicity of angles on the subject matter has increased, the core issues underlying the debate remain under dispute and continue to excite empirical and theoretical research interest across disciplines, reflecting the topic’s breadth, depth and potential for controversy (see also Table 1 for an overview of empirical studies that have either focused directly on sense of presence experiences in bereavement or in which such experiences were found to be important and in which mental health implications were addressed or referred to).

Table 1: Empirical studies (qualitative and quantitative) either focusing directly on sense of presence experiences in bereavement or in which sense of presence experiences were found to be important and in which mental health implications were addressed or referred to

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<th>Authors</th>
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<tr>
<td>Bennett &amp; Bennett (2000)</td>
<td>How expeirnts interpret sense of presence experiences (SoPs)</td>
<td>SoPs as 'a post-bereavement experience' providing ongoing relationship</td>
<td>Qualitative Textual analysis 106 participants</td>
<td>Identification of two rival but interlinked discourses: a) materialist, b) supernaturalist;</td>
<td>People more likely to use materialist discourse with strangers for fear of ridicule, true SoP extent undisclosed</td>
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<td>Chan et al. (2005)</td>
<td>Sense-making and continuing bonds in Hong Kong Chinese</td>
<td>SoPs as spiritual 'bond continuation'</td>
<td>Qualitative Thematic anal. 52 participants</td>
<td>SoPs found to be comforting</td>
<td>Showing genuine interest in SoP experiences may be therapeutic; continuing bond (CB) positive/helpful</td>
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<td>Conant (1996)</td>
<td>Role of images and SoPs in grief</td>
<td>SoPs as 'a very vivid internal experience'; 'vivid illusions'</td>
<td>Qualitative Narrative anal. 10 participants</td>
<td>7 themes, emphasizing aspects around resolving trauma</td>
<td>SoPs led to emotional peace, conviction of spiritual life, resolution of conflict re death</td>
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<td>Daggett (2005)</td>
<td>After-death communications (ADCs) and their effect on bereaved</td>
<td>SoPs as continued encounters such as dreams, visual hallucinations and signs or events that hold special meaning</td>
<td>Qualitative Thematic anal. 18 participants</td>
<td>Participants concerned with credibility/perception by others; ADCs a source of comfort</td>
<td>Bereaved need to know that ADC may or may not occur; need for anticipatory guidance, reassurance and normalising</td>
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<td>Dannenbaum &amp; Kinnier (2009)</td>
<td>Therapeutic benefit from 'imaginical relationships with deceased'</td>
<td>SoP as a form of imaginal relationship with the deceased</td>
<td>Mixed methods Questionnaires Grounded theor. 45 participants</td>
<td>Imaginational communication with deceased is normal and common; has therapeutic effects</td>
<td>Careful when working with psychotic clients; with others: reassurance of normality</td>
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<td>Datson &amp; Marwit (1997)</td>
<td>Personality traits and locus of control as mediators of SoPs</td>
<td>SoPs as psychological phenomena and a natural and generally healthy component of grieving</td>
<td>Quantitative Survey 87 participants</td>
<td>Perceivers (60%) scored higher on neuroticism and extraversion; SoPs mostly experienced as comforting</td>
<td>Naturally occurring part of bereavement. Normalisation. Not pathological. SoPs aren’t hallucinations.</td>
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<td>Doran &amp; Downing Hansen (2006)</td>
<td>Grieving in Mexican American families following the death of a child</td>
<td>SoPs as cultural expressions of the continuing bond</td>
<td>Qualitative Ethnographic 3 families</td>
<td>8 themes, SoPs one theme: families took presence as a given, benevolent like a 'guardian angel'</td>
<td>Need for continuing bond essential</td>
</tr>
<tr>
<td>Epstein et al. (2006)</td>
<td>Examination of the nature of the continuing</td>
<td>SoPs as mental representations of the deceased</td>
<td>Quantitative Survey</td>
<td>individual experiences of SoPs are very different; no</td>
<td>SoP doesn’t have to be unhealthy requires further exploration</td>
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<tr>
<th>Study</th>
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<tr>
<td>Field &amp; Filanovsky (2010)</td>
<td>Relationship between type of bond and risk factors for complicated grief</td>
<td>45 participants</td>
<td>Qualitative survey</td>
<td>Distinguishes between internalised CB (memory, imagining) and externalised CB (illusions, hallucinations) with externalised CB associated with risk factors for complicated grief; internalised CB associated with personal growth. Important to develop a “healthy continuing bond” as goal of grief counselling.</td>
</tr>
<tr>
<td>Field &amp; Friedrichs (2004)</td>
<td>Effectiveness of continuing bonds as a way of coping</td>
<td>15 participants</td>
<td>Quantitative longitudinal survey</td>
<td>Continuing bonds are defined as sense of presence. Greater use of continuing bonds predicted shift towards increased negative mood. CB have beneficial effects on mood regulation later on after death.</td>
</tr>
<tr>
<td>Field et al. (1999)</td>
<td>Continuing attachment and adjustment to conjugal bereavement</td>
<td>70 participants</td>
<td>Internet survey</td>
<td>SoP as attempt to cope with the pain of separation. Complex relationship, form of attachment important. SoP not maladaptive.</td>
</tr>
<tr>
<td>Grimby (1998)</td>
<td>Hallucinations and illusions in bereavement</td>
<td>83 participants</td>
<td>Quantitative longitudinal</td>
<td>SoPs as hallucinations (sensory) and illusions (feeling). Experiences are diff from pathological disorders, no loss of reality; perceivers are healthy.</td>
</tr>
<tr>
<td>Hoyt (1980-81)</td>
<td>Unusual events such as SoPs reported in clinical practice</td>
<td>4 cases</td>
<td>Clinical case studies</td>
<td>SoPs occur at time of relinquishing the bonds. Not to be treated as psychosis; if frightening, normalising may be helpful, working with meanings.</td>
</tr>
<tr>
<td>Kalish &amp; Reynolds (1973)</td>
<td>Investigation of post-death contact in cross-ethnic context</td>
<td>434 participants</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as a mystical or spiritual experience or possibly as an unmistakable encounter. Widespread phenomenon, significant to perceivers and merit attention.</td>
</tr>
<tr>
<td>Klugman (2008)</td>
<td>Experience of post-death contact in the USA</td>
<td>62% reported connection</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as a form of post-death contact. While 62% reported connection, 97% reported post-death contact.</td>
</tr>
<tr>
<td>Kwiecinski (2011)</td>
<td>Analysis of autobiographical grief stories in which ADCs are reported</td>
<td>202 participants</td>
<td>Qualitative Them. analysis 20 book-length grief accounts</td>
<td>ADCs as merely palliative in non-believers; ADCs as faith activators in those drawing on religious coping. ADCs therapeutic for all; Spiritist (rather than Christian) accounts display “unwholesome preoccupation with the dead”.</td>
</tr>
<tr>
<td>Lalande &amp; Bonanno (2006)</td>
<td>Cross-cultural comparison of continuing bonds in China and US</td>
<td>4 cases</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as part of continuing bonds. Higher CB in China at 4 months assoc. with better outcome at 18 months; contrast in US; rel. between CB and distress in both. Cultural support of higher CB expression in China in first year may foster adaptiveness of CB.</td>
</tr>
<tr>
<td>Lindstrom (1995)</td>
<td>The relationship between SoPs and psychological outcome parameters</td>
<td>75% had SoPs, extreme reaction/intensity of SoPs associated with poorer outcome, whether positive or negative.</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as sensory and non-sensory as a psychological phenomena. &quot;Extremely positive’ SoPs assoc. with greater distress; extremely negative responses led to avoidance behaviours.</td>
</tr>
<tr>
<td>Longman et al. (1988)</td>
<td>Identification of successful coping in bereavement</td>
<td>53% reported SoPs, reassurance gained from SoPs, helped build new lives.</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as ‘special experiences’ involving intuitive or sensory presence of the deceased. Need to offer acceptance and reassurance, clarification of meanings.</td>
</tr>
<tr>
<td>MacDonald (1992)</td>
<td>Predictors of experiencing SoP</td>
<td>35.6% reported SoPs; higher odds for traumatic loss, bereaved female, racial differences.</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as ‘ideonecrophanies’, as private appearances. Ideonecrophanies occurring as part of ‘the process of constructing the reality of death’</td>
</tr>
<tr>
<td>Neimeyer, Baldwin &amp; Gillies (2006)</td>
<td>Relationship betw. CB coping and meaning reconstruction and complicated grief</td>
<td>Increased use of CB associated with greater distress but not when sense-making high.</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as continuing bond expressions. Important of sense-making of death in personal, practical, existential or spiritual terms.</td>
</tr>
<tr>
<td>Olson et al. (1985)</td>
<td>Extent of SoPs in widowed residents in nursing homes</td>
<td>61% had SoPs, 86% described them as positive, over 50% had never reported these experiences before. Remarks that ‘assoc of hallucinations with mental illness has thwarted the study of these exp. in the normal population’.</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as ‘hallucinatory’ experiences but suggests non-stigmatising term would be better.</td>
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<tr>
<td>Parker (2005)</td>
<td>Grief processes of individuals who have reported extraordinary experiences</td>
<td>Positive impact on grief for 11 of 12 participants, SoPs reinforce and/or transform personal beliefs, offer comfort. ‘Explanation away’ or pathologising SoPs as ‘assault on the assumptive world of the bereaved’; help with integrating meanings.</td>
<td>Quantitative survey, longitudinal survey, interview</td>
<td>Extraordinary experiences as signifying contact or communication with the deceased for the bereaved.</td>
</tr>
<tr>
<td>Parkes (1970)</td>
<td>Investigation of psychological reaction to bereavement</td>
<td>16 reported SoPs in first month; 12 reported SoPs one year post-loss,</td>
<td>Quantitative survey, longitudinal survey</td>
<td>SoPs as ‘a form of mitigation or defence’, different from hallucinations/illusions. Although sample non-psychiatric, reactions similar to those by bereaved psychiatric patients.</td>
</tr>
<tr>
<td>Parra (2006)</td>
<td>Psychological factors and processes underlying</td>
<td>SoP defined as different from hallucinations due to veridical</td>
<td>Quantitative survey, longitudinal survey</td>
<td>Experiences scored higher on absorption, fantasy proneness. Fantasy-prone clients may have veridical apparitional experiences.</td>
</tr>
<tr>
<td>Study</td>
<td>Type of Study</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Findings</td>
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<tr>
<td>Rees (1971)</td>
<td>Extent of hallucinatory/illusory experience of deceased spouse</td>
<td>SoPs as ‘hallucinations’ (sensory) and ‘illusions’ (‘feeling of presence’) but uses ‘hallucinations’ for both types</td>
<td>Quantitative Survey 293 participants</td>
<td>46.7% reported SoPs; 68.6% helpful, 5.9% unpleasant; positive assoc. with length and happiness of marriage</td>
</tr>
<tr>
<td>Richards et al. (1999; 2001)</td>
<td>Role of spirituality for gay AIDS-bereaved partners in San Francisco</td>
<td>SoPs defined as ‘experiencing the presence of the spirit of the deceased’</td>
<td>Mixed methods, Longitudinal, 125 (time 1) and 70 (2) particip.</td>
<td>SoPs perceived as natural, real, mostly helpful, useful part of coping with loss, at time 2 70 % believe in cont. relationship</td>
</tr>
<tr>
<td>Sanger (2009)</td>
<td>Social workers’ reports of clients who have sensed the presence of the deceased</td>
<td>Uses the term ‘ideonecrophanic experience’ (IE) as it is not pathologising and signifies ‘contact’ or ‘communication’</td>
<td>Qualitative Grounded theory 21 participants</td>
<td>All social workers viewed IE’s as non-pathological; own beliefs did not appear to influence how they dealt with clients</td>
</tr>
<tr>
<td>Simon-Buller et al. (1988-89)</td>
<td>Correlates and predictors of sense of presence</td>
<td>SoPs as a common reaction to the loss of a significant relationship</td>
<td>Quantitative Survey 294 participants</td>
<td>SoPs more likely in liberal church goers; assoc. with more worrying, anxiety, soc. supp.</td>
</tr>
<tr>
<td>Sormanti &amp; August (1997)</td>
<td>Role of sensing/feeling spiritual connection with deceased child in bereaved parents</td>
<td>SoPs as a spiritual connection with the deceased which is common in bereavement</td>
<td>Qualitative Thematic analysis 43 participants</td>
<td>Sensing connection associated with comfort, maintaining identity as parents, reassurance, hope, after-life belief,</td>
</tr>
<tr>
<td>Steffen &amp; Coyle (2011)</td>
<td>Role of SOPs in meaning-making processes in bereavement</td>
<td>SoPs as nonmaterial quasi-sensory subjective but (experienced as) veridical ‘feeling of presence’</td>
<td>Qualitative Thematic analysis 12 participants</td>
<td>Benefits included solace, support, confirmation of CB, ‘growth’ required spiritual meaning-making</td>
</tr>
<tr>
<td>Taylor (2005)</td>
<td>Counselling experiences of clients who had sensed presence of deceased</td>
<td>SoPs as an important element of clients’ experiences, an aspect of the continuing relationship with the deceased</td>
<td>Qualitative Thematic analysis 10 participants</td>
<td>80% of counsellors were perceived as not working satisfactorily with regard to SoPs</td>
</tr>
<tr>
<td>Tyson-Rawson (1996)</td>
<td>Perception of father death by late-adolescent women</td>
<td>SoPs as helping to create new representational structure within internal working model</td>
<td>Qualitative Grounded Theory 20 participants</td>
<td>10 had ‘welcome presence’, 4 had ‘intrusive presence’ (unfinished business)</td>
</tr>
<tr>
<td>Yamamoto et al. (1969)</td>
<td>Process of mourning in a culture that sanctions presence of the deceased</td>
<td>SoP seen as normal and positive</td>
<td>Quantitative Survey 20 participants</td>
<td>90 % reported SoPs, helped with coping</td>
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</table>

Sensing the presence of the deceased: definitions and prevalence

Before turning attention to the specifics of the ongoing debate, it is first necessary to define the focal experience and consider its significance. As mentioned above, the experience of sensing the presence of a deceased loved one, despite their physical absence, is a frequently reported phenomenon in bereavement. It can involve reported sensory impressions such as the visual, auditory, tactile and olfactory perception of the deceased or, as is most frequently the case, a quasi-sensory, (partly) ineffable ‘feeling’ or a ‘non-specific awareness of presence’ (Datson & Marwit, 1997; Rees, 2001), i.e. people report that they can somehow sense or feel the physical proximity of the deceased loved one.
The incidence of sense of presence experiences in bereavement has been reported as approximately 50% of the bereaved population (Rees, 1971). The true extent of the phenomenon is, however, likely to be greater, as many people are reluctant to talk about having had such an experience for fear of ridicule or disbelief (Hay & Heald, 1987). A UK-based survey of spousal loss by Rees (1971, 2001), which constituted the first major survey of sense of presence experiences, found that the experience occurred with equal frequency irrespective of gender, social group, religious practices, geographical location, living circumstances or social support and irrespective of the type of loss. The experience was noted to be more frequent in younger widows, a finding confirmed elsewhere (Dastson & Marwit, 1997; Simon-Buller et al., 1988-89). There was also a positive association between having this experience and length and happiness of marriage as well as parenthood and, while it was found to occur more frequently during the first ten years of bereavement, the experience sometimes occurred even decades after the loss. Rees also noted that the experience was more frequent among those with higher educational levels, a finding that has been contradicted by evidence from the USA in which educational level was found to be inversely related to reporting such an experience (Datson & Marwit, 1997; Kalish & Reynolds, 1973; Klugman, 2006). The discrepancy here could partly be explained by differences in research design as another survey undertaken in the USA, which used an adapted version of Rees’ design, confirmed Rees’ findings (Olson et al., 1985). Klugman (2006), who noted a negative association between educational level and viewing the deceased as a ‘guardian angel’, wondered whether his questionnaire item asking whether the deceased is perceived as a guardian angel actually tapped religiosity rather than educational level and whether cultural differences with regard to religiosity could possibly account for some differences between findings generated in the UK and in the USA, as religiosity levels appear to be higher in those with lower educational levels in the USA. Religious orientation was also found to be a significant discriminator between those reporting sensing the presence of the deceased and non-perceivers in another American study (Simon-Buller et al., 1988-89). Specifically, it was noted that those describing themselves as more liberal as opposed to conservative in their religious orientation were more likely to report such experiences. The same group also reported
higher church attendance. As some of these findings conflict with Rees’ and others’ results, further research, particularly with regard to religiosity and cultural factors, has been called for.

Sense of presence as a cross-cultural phenomenon

Although the majority of the relevant bereavement literature in the English-speaking world draws on research conducted in the Western world, there are indications that sensing the presence of the deceased may be a worldwide phenomenon that is reported across different continents, cultures and historical periods (e.g. Klass & Goss, 1999; Parkes, 1970; Silverman & Klass, 1996; Tobert, 2001). For example, one of the early studies to be published in a Western academic journal that focused on this phenomenon surveyed Japanese widows and found that 90% of them reported such experiences (Yamamoto et al., 1969). A study conducted in Sweden reported sensing phenomena among 83% of those surveyed (Grimby, 1998), a Norwegian survey quoted a prevalence of 75% (Lindstrom, 1995) and a recent investigation of Chinese bereavement experiences found that 33% of participants reported having sensed the deceased (Chan, Chow, Ho, Tsui, Tin, et al., 2005). While results from research conducted in different contexts cannot be directly compared due to the different methodological designs, they allow us to draw conclusions with regard to the likely cross-cultural prevalence of the phenomenon and the likely availability of a range of different interpretations applied to the experience depending on the cultural context in which the experience occurs and is made sense of.

Phenomenology and reality in sense of presence

As regards the phenomenology of the experience, there is limited available data on the perceptual qualities of the phenomenon, as phenomenologically-oriented research has focused more on aspects of personal evaluation and meaning-making (e.g. Conant, 1996; Parker, 2005). The parapsychologist Parra (2006) describes apparitional experiences as
‘clearly seeing a figure of human form, someone who was not physically present at that moment’ and sense of presence experiences as ‘vivid sensations of some presence, as if someone or something touched or pressed on all or some part of the body’ (p. 360), which would denote experiences of a more tactile nature. In contexts other than bereavement, the phenomenon of ‘feeling a presence’ has been defined as ‘the experience in which the subject, in clear consciousness, suddenly becomes aware of the presence of another person in the immediate vicinity, although the subject may in reality be alone or in the company of others’ (Thompson, 1982, p. 628). The term ‘reality’ in the foregoing quotation indicates that this experience is often regarded as being different from what is seen as ‘real’, although one of its distinctive features seems to be the perceiver’s sense of veridicality that accompanies the phenomenon (e.g. Parker, 2005; Rees, 2001). Capturing this conflict between what in the West is commonly accepted as real and the perceived sense of this experience as being real, the phenomenon is sometimes classified as an ‘extraordinary experience’ (Parker, 2005), a ‘paranormal’ experience (Parra, 2006) or as an ‘anomalous’ or ‘ideonecrophanic’ experience (MacDonald, 1992). These different conceptualisations indicate further the controversial status of the phenomenon within the literature and how research itself is likely to be influenced by the particular assumptive position it takes towards this experience (see also Table 1 for an overview of relevant empirical research and note the different positions taken with regard to sense-of-presence experiences as stated in the third column).

In this context, it is worth mentioning Bennett and Bennett’s (2000) finding that people tend to adopt a materialist discourse when talking about this experience with strangers and people in authority, thus more readily dismissing their experience as hallucinatory in such interactions, while adopting a supernaturalist discourse when talking to people who are sympathetic towards the experience. This would suggest that research participants may not disclose the true extent of their sense of presence experiences with researchers who are perceived as strange, unsympathetic and/or as being in an authority position. Such effects may partly account for studies in which it is mentioned as positive that participants demonstrated insight into the ‘imaginary’ nature of their experience (e.g. Parkes, 1970). Similarly, these observations can be applied to clinical practice settings in
which the clinician is perceived as an authority figure and/or as potentially disapproving of such phenomena. The reluctance to disclose this type of experience has been frequently noted in the literature (e.g. Bennett & Bennett, 2000; Daggett, 2005; Olson et al., 1985), pointing to a societal taboo connected with having such experiences, which may particularly affect the better-educated due to a perceived conflict with ‘cherished and successful scientific paradigms’ (Hay & Heald, 1987, p. 22). Another factor that has been mentioned as preventing people from disclosing the experience is the fear of having it ‘explained away’ (Rees, 2001), which gives an indication of the personal significance such an experience can have for perceivers.

Perceivers’ responses to sense of presence experiences

What adds to the controversial status of the experience is the fact that it occurs equally in psychiatric and non-psychiatric populations and that, in the majority of cases, it is regarded as positive by perceivers, who often describe it as comforting (Chan et al., 2005; Daggett, 2005; Datson & Marwit, 1997; Parkes, 1970), providing reassurance which helps perceivers build new lives (Longman, Lindstrom & Clark, 1988), helping to make sense of the death and resolve the trauma arising from it (Conant, 1996; Tyson-Rawson, 1996), resolving ‘unfinished business’ with the deceased (Parker, 2005), giving confirmation that the relationship with the deceased continues (Richards et al., 1999; Steffen & Coyle, 2011) and bestowing a sense of intimacy with the deceased and a reduction of loneliness (Dannenbaum & Kinnier, 2009), as well as a sense of being cared for (Conant, 1996). Viewing the deceased as a ‘guardian angel’ or as someone to turn to for help also leads to a sense of being protected (Klugman, 2006). Bereaved parents have reported that this experience has enabled them to maintain their identity as parents and has given them hope for a reunion with the deceased child while also strengthening their belief in an after-life (Sormanti & August, 1997). Confirmation of spiritual and religious beliefs as well as the awakening of such beliefs have also been reported (e.g. Conant, 2005; Kwilecki, 2011; Parker, 2005; Steffen & Coyle, 2011).
These subjectively perceived and reported benefits have been confirmed by evidence obtained using quantitative measures, indicating the clinical benefit of such experiences. For example, Rees (1971, 2001) showed that such sensing phenomena were associated with positive clinical findings, for example fewer reported sleep problems or loss of appetite or weight loss, which are often reported in bereavement (Lindemann, 1944), and no association with depression, although having such an experience was also associated with a higher rate of preoccupation with the deceased and with more reports of missing the deceased loved one.

Before looking further at possible conflicts between clinical measurements and the subjective responses of experiencers, the occurrence of distressing sense of presence experiences needs to be considered. The proportion of negative experiences compared to positive ones has been stated as 6% compared to 69% by Rees (1971). Datson and Marwit (1997) observed that 86% found the experience comforting, while 8% found it upsetting and 6% frightening. Grimby (1998) equally found that 86% of reported experiences were described as pleasant, while 8% were rated as unpleasant and 6% as frightening. Negative experiences in this study tended to be auditory or visual in type, but no further information was given.

Generally, quantitative studies have not provided much detail with regard to the quality or structure of such experiences. By contrast, a number of qualitative studies have included cases of distressing experiences, offering phenomenological insights as well as tentative interpretations and practice recommendations. Both Parker (2005) and Tyson-Rawson (1996) showed, for example, that the unwelcome or intrusive experiences reported to them were linked to ‘unfinished business’ in the relationship with the deceased and signified ambivalent feelings towards the deceased rather than, for example, discomfort about having such an experience per se. Another factor that is sometimes referred to in terms of negative reactions to sense of presence experiences is the fear that the experience might not be ‘real’. Sormanti and August (1997) mentioned how bereaved parents expressed frustration when they found it difficult to believe in the experience or that they felt ‘cheated’ when the experience was only very brief. However,
these reactions also indicate that the experiences were generally regarded as desirable and important to perceivers.

Sense of presence and adjustment to bereavement

What some of the correlational studies appear to suggest is that people often report finding the experience beneficial but that having the experience is not necessarily indicative of better ‘bereavement outcome’ as defined and measured clinically. Simon-Buller et al. (1988-89) found, for example, that there is a positive association between sensing the presence of the deceased and increased anxiety, worry and feelings of worthlessness. Grimby (1998) found the experience to be associated with more frequent episodes of crying as well as memory disturbances and experiencing a greater sense of loneliness. Measuring personality constructs in connection with having such an experience, Datson and Marwit (1997) found that perceivers had increased scores for neuroticism and extraversion. A study by Field and Filanosky (2010), which will be discussed in more detail below, found that having distinctly sensory experiences of the deceased loved one was associated with two known risk factors for complicated grief, i.e. violent death and responsibility for the death. Lindstrom (1995) observed that more intense experiences, whether felt to be positive or negative for the perceiver, were linked with poorer outcome.

One question that can be asked in this context is what constitutes good bereavement outcome. Many studies measure adjustment to bereavement by measuring symptoms such as depression and anxiety or post-traumatic stress symptoms, using standardised tests designed for general clinical use. Absence of such symptoms is then interpreted as adjustment to bereavement and is seen to constitute ‘good’ bereavement outcome. More recently, scales have been developed that specifically tap grief symptoms (cf. Neimeyer, Hogan & Laurie, 2008). These include separation distress and functioning across different areas and settings. The tendency to measure and categorise grief and consequently establish what is ‘normal’ and what is ‘abnormal’ grieving has recently
culminated in the proposed introduction of a specific mental disorder for ‘prolonged grief’ (formerly ‘complicated grief’) into the planned fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (Prigerson, Horowitz, Jacobs, Parkes, Alan et al., 2009; Prigerson, Vanderwerker & Maciejewski, 2008). While the currently proposed criteria for this disorder do not include sense of presence experiences, the fact that adjustment to bereavement is frequently defined as detachment from the deceased (e.g. Epstein, Kalusz & Berger, 2006) raises the question of how continuing bond experiences are going to be classified and treated within the medical model and on what basis.

Clinical perspectives on bereavement, especially as developed during the twentieth century, have been heavily influenced by psychoanalytic ideas, particularly as first formulated in Freud’s seminal 1917 paper *Mourning and Melancholia*, describing the goal of bereavement as the severing of ties with the deceased. As opposed to this goal, Freud talked about the bereaved who senses the presence of the deceased as ‘clinging to the object through the medium of a hallucinatory wishful psychosis’ (p. 253), something clearly opposed to the goal of decathexis or letting go of the deceased. Sense of presence experiences are here questioned not only in terms of their veridicality but also in terms of their function as aiding a process viewed as unhealthy, namely the continuation of the relationship with the deceased. Coming out of the psychoanalytic tradition but taking a more biologically-oriented perspective on relationships, attachment theory has been applied to continuing bonds in general and sense of presence experiences as an expression of continuing bonds in particular. As will be discussed below, research output coming from this theoretical perspective has questioned the adaptiveness of sense of presence experiences, which in turn has given rise to opposing views from within the continuing bonds perspective.

It is worth drawing attention to some differences in terminology here: the formerly popular expression ‘bereavement outcome’ is not as frequently used in the more recent literature, possibly because there is growing acknowledgement that there is no clear point at which grieving ends and ‘recovery’ and ‘resolution’ have been attained (cf. Wortman & Silver, 1989, 2001) and possibly because much psychological bereavement research
has been more concerned with the process of grieving than with its product. ‘Adjustment’ has therefore become a more frequently-used term in recent times and ‘adaptation’, together with the attribute of ‘adaptiveness’, has been particularly used within the attachment literature, giving rise to definitions of ‘adaptive’ versus ‘maladaptive’ forms of grieving. Although these terms avoid the stigmatising effect of labelling a grief response as ‘healthy’ or ‘pathological’, when applied to a bereaved person’s behaviours, they effectively evaluate that person’s grieving with reference to a given albeit not necessarily explicitly specified standard. This practice may be particularly problematic in a context such as bereavement, which after all constitutes a non-clinical universal life event that gives rise to individually and culturally diverse responses.

Attachment theoretical concerns

Concerned with the interpersonal and intrapsychic minutiae of separation and loss and consequently with bereavement as a triggering event of these processes, attachment theory has regarded sense of presence experiences in bereavement as relevant to its subject matter. From an attachment theoretical perspective, sense of presence phenomena have sometimes been explained by referring to human beings’ innate need for physical proximity to an important attachment figure as a ‘safe base’ and the triggering of ‘searching behaviour’ as a consequence of the loss of a significant other, which is expressed in the urge to look for and restore proximity to the lost person (Bowlby, 1980; Parkes, 1970). It is believed that when the ‘attachment system’ becomes activated by the loss, it makes no distinction between death and separation and functions to recover the deceased. Sense of presence experiences are then viewed as hallucinations and illusions which reflect the attachment system’s behavioural goal of restoring the deceased and are seen to correspond with the as-yet-unrevised internal working model of the deceased as an attachment figure who provides a safe haven and a secure base through their physical proximity (Field, 2008). In some cases, sense of presence experiences are explained as ‘misperceptions’ of the deceased, which are believed to be mediated by a ‘perceptual set’ for the lost person, i.e. the ‘disposition to perceive or to pay attention to stimuli which
suggest the presence of the object and to ignore those that are not relevant to this’
(Parkes, 1970, p. 451). Attachment theorists have posited that following the loss of an
attachment figure, attachment reorganisation is the goal of ‘successful mourning’. This is
seen to involve a process of both hyperactivation and deactivation of attachment systems
(Mikulincer & Shaver, 2008), similar to what Freud (1917) has called ‘hypercathexis’
and ‘decathexis’ and what Stroebe and Schut (1999) have described as oscillation
between a loss and a restoration orientation within their dual-process model of coping
with bereavement. As part of the hyperactivation aspect early on following bereavement,
sense of presence experiences are believed to be normal and understandable, a temporary
form of ‘mitigation’ (Parkes, 1970) which, according to Field et al. (2005), can be
adaptive in that they are fulfilling a transitional secure base function during the
development from a sense of physical proximity to a sense of psychological proximity to
the lost attachment figure. However, when people experience these phenomena more than
one year post-loss, this would be regarded as signifying ‘unresolved loss’ (Field, 2006),
as it would then be taken to be the result of a failure in reorganising the internal working
model of the relationship with the deceased to integrate the reality of the death within an
expected time frame (Field, 2008).

Following Klass, Silverman and Nickman’s (1996) influential critique of the ‘breaking
bonds’ tradition of 20th century bereavement scholarship and grief therapy practice,
attachment theorists in particular raised the question whether (some forms of) continuing
bonds could be unhealthy (Fraley & Shaver, 1999) and a number of studies since have
attempted to identify the extent to which continuing bonds may be ‘adaptive’ or
‘maladaptive’ (e.g. Epstein et al., 2006; Field, Gal-Oz, & Bonanno, 2003; Field et al,
1999; Schut, Stroebe, Boelen & Zijverveld, 2006). Some of these studies made explicit
distinctions between sense of presence experiences and other expressions of the
continuing bond such as gaining comfort through the deceased’s possessions or reliving
the relationship in memory. With regard to the ‘adaptiveness’ of sense of presence
experiences in particular, measured again in terms of distress levels, these investigations
have mainly produced inconclusive results. For example, in a study of recent conjugal
bereavement, Field et al. (1999) found that whereas finding comfort through possessions
of the deceased was associated with greater bereavement-related distress, sense of presence experiences were not and they were therefore deemed to be not necessarily maladaptive. Epstein et al. (2006) similarly found that the phenomenon was neither associated with an increase nor a decrease of distress. However, in a longitudinal study, Field et al. (2003) found that whereas type of continuing bond expression mattered early in bereavement, continuing bonds five years post-loss were associated with greater bereavement-related distress independent of type of expression. It is noteworthy here that the association was between scores on a continuing bonds scale and scores on a grief inventory and the authors suggested, as indeed has been suggested elsewhere (Stroebe & Schut, 2005), that the two scales were possibly conceptually confounded, in which case this research could also be seen to support the argument that continuing bonds are simply a ‘naturally-occurring’ or normal part of bereavement.

Socio-cultural considerations

The type of ‘adaptiveness’ research quoted above has been challenged for omitting important factors such as the social context and the cultural conceptual frameworks within which such experiences occur. The core perspectives within this ongoing debate have been poignantly expressed in Nigel Field’s (2006) theoretical paper on ‘Unresolved grief and continuing bonds: An attachment perspective’ and in Dennis Klass’ (2006) commentary on a special issue of Death Studies on continuing bonds, ‘Continuing conversation about continuing bonds’. In his commentary, Klass, one of the originators of the continuing bonds perspective, takes issue with research that attempts to test the hypothesis that continuing bonds either help or hinder healthy adjustment to bereavement and he explains that the original concerns of the continuing bonds perspective were to challenge the previous understanding of ongoing relationships with the dead as pathological and to propose that interacting with the dead could be normal. The aim was not to establish causal links between continuing bonds and adjustment that would then lead to prescriptive ‘clinical lore’. Klass contends that asking simple questions about causal relationships between continuing bonds and adjustment does not capture the
complexity of the phenomenon, as continuing bonds and the adjustment dynamic need to be seen as embedded within a complex ‘web of bonds and connections’, encompassing the individual, their social and cultural memberships, the bond with the deceased and the transcendent as well as the meanings regarding the death and the survivor’s life. In particular, Klass critiques that way in which the relationship with the deceased is treated as an intrapsychic phenomenon, ignoring the ‘social and communal nature’ (p. 848) of continuing bonds and ignoring ‘a large body of sociological and anthropological literature on grief’ (p. 851). Attachment theory, Klass posits, could be usefully extended beyond mother-child or pair bonds to include the attachment relationships that exist at other levels signifying social membership or identity, i.e. family, tribe, nation and religion.

Klass’ own scholarly contributions here include, for example, studies of Japanese relationships with the dead (Goss & Klass, 2005; Klass & Goss, 1999). Referring to these studies of Japanese grief, Field (2006) remarks that in Japanese ancestor ritual there is ‘a clear bracketing between the world of the living and the dead’ (p. 751), whereas in sensory-perceptual presence experiences in which the deceased is experienced as an external presence manifest in a specific location and at a specific point in time, this boundary is no longer maintained. To Field, this kind of perception is therefore ‘segregated’ from the knowledge of the reality of the death and indicates a denial of the death. Klass (2006) corrects Field’s understanding of Japanese ritual by pointing to the central presence of the altar in the Japanese home and explaining that grief is narrated within the cultural narrative in the ritual and then incorporated into the personal narrative, showing that cultural and personal meanings become interwoven.

While Field (2006) acknowledges that experiences of direct communication with the deceased as ‘culturally prescribed deliberative enactment’ may be adaptive, experiences of presence that occur outside the structure of the ritual are, in his opinion, indicative of unresolved loss and associated with complicated grief. In particular, he posits that if the experiences are ‘memory-like’, they would be adaptive. However if they are of a more sensory kind, they would be ‘hallucinatory or dissociative’ and therefore pathological,
especially when they occur more than one year post-loss. To back up his claim, Field has recently provided some empirical evidence in the form of an internet-based survey which supported his distinction between clearly sensory (‘externalised’) and memory-like (‘internalised’) continuing bond expressions (Field & Filanosky, 2010), a study referred to above in connection with sense of presence and adjustment to bereavement. As already mentioned, clearly sensory experiences of the deceased were associated with violent loss and feeling responsible for the death, two risk factors for complicated grief. In contrast, memory-like continuing bond expressions were associated with personal growth but also with complicated grief. The authors suggested that sensing experiences can be likened to PTSD-type intrusive symptoms resulting from the failure to integrate the loss, whereas internalised experiences of the deceased were seen to signify successful integration of the reality of the loss and were linked with complicated grief through relationship closeness.

Examining Field and Filanosky’s questionnaire items, it is possible to hypothesize that the authors failed to tap the majority of sense of presence experiences as hitherto reported in the literature, as only clearly sensory perceptions of the deceased were listed (e.g. ‘I actually saw the deceased stand before me.’). These items may have tapped more ‘extreme’ and/or more negative sensory experiences as well as experiences that had not (yet) been integrated meaningfully into the perceivers’ assumptive worldview, and leaving out items that might tap ‘quasi-sensory’ experiences, e.g. a ‘feeling of presence’, which, as has been suggested (e.g. Rees, 2001), constitute the majority of sense-of-presence experiences in bereavement. The affective colouring of the experience suggestive of the quality of the relationship with the deceased that seems to be of significance to many bereaved perceivers was also absent from the questionnaire items denoting clearly sensory experiences, whereas it was conveyed in items that described remembered and imaginary evocations (e.g. ‘I imagined the deceased’s voice encouraging me to keep going’). These considerations should be taken into account before taking this research as evidence that sense of presence experiences may be indicative of ‘unhealthy’ continuing bonds.

However, it must be acknowledged that, as noted earlier, not all sense of presence experiences are comforting and that not all ongoing relationships with the deceased are
beneficial. Rather than drawing on classifications of psychopathology, Klass (2006) has suggested that problems in the relationship between continuing bonds and adjustment could be better understood as arising from ‘a disconnect between inner and social reality than from dissociation or mislocation within the individual psyche’ (Klass, 2006, p. 851). In particular, he points to a possible disruption of the meanings by which life events such as a death of a family member are made sense of or a disruption of the individual’s ability to use communal narratives to construct their personal narratives and reconstruct their identity which has been challenged by the loss. Similarly, the sociologist Tony Walter (1996) has emphasised the importance of constructing a biography of the deceased through talk, which acts to integrate the dead into the continuing lives of the living, something that is particularly relevant in postmodern societies where, due to detachment from tradition and kin, “[r]itual is replaced by discourse” (1996, p. 15). Klass and Walter (2001) have observed that talking about and with the deceased is, however, discouraged in Western society and that it is becoming ‘increasingly difficult for bereaved people together to construct the deceased as an honoured ancestor, except in highly private and individualized ways’ (p. 442), so that this process can often only continue internally (or in counselling and psychotherapy). They note the lack of social validation for the continuing bond with the deceased and the lack of conceptual frameworks within which this relationship and experiences such as perceiving the presence of the deceased can be made sense of. As regards mental health implications of this experience, it is noteworthy that the lack of social sanctioning and meaning-making rather than the experience per se may lead perceivers to seek help from a mental health professional. The importance of a meaningful culturally accepted conceptual framework with regard to sense of presence experiences and mental health or mental wellbeing will be discussed below.

Sense of presence experiences and meaning-making

In recent years, a significant subsection of bereavement scholarship has focused attention on the significance of meaning-making following bereavement (cf. Neimeyer, 2001a). This perspective has shed light on how a major loss can be a traumatic life event that may
shatter people’s ‘assumptive world’ (Janoff-Bulman, 1992), leading to a ‘search for meaning’ (Frankl, 1959) in which the goal is the integration of the loss into one’s meaning system, assumptive world or ‘self-narrative’ (Neimeyer, 2001b) through meaning reconstruction processes such as sense-making, benefit-finding, and identity change (Neimeyer, 2006). It has been suggested that finding benefit and meaning in one’s loss can lead to a range of positive effects including what has been termed ‘post-traumatic growth’ (cf. Calhoun & Tedeschi, 2006). Sense of presence experiences may possibly facilitate this process by fostering ‘death-specific religious beliefs’ (Benore & Park, 2004), as these are thought to enable increased sense-making and integration of a loss. As noted above, perceivers often mention that sense of presence experiences confirm their spiritual and religious beliefs with regard to an after-life or lead them to a discovery or re-discovery of such beliefs (Conant, 2005; Kwilecki, 2011; Parker, 2005; Sormanti & August, 1997; Steffen & Coyle, 2011). The generally positive role of religion in bereavement has been frequently noted (e.g. Becker et al., 2007; Cadell, 2007; Golsworthy & Coyle, 1999; Richards et al., 1999; Wortman & Park, 2008), and there is evidence that religious and spiritual beliefs can particularly facilitate meaning-making processes in bereavement (Davis, Nolen-Hoeksema & Larson, 1998). A recent investigation by Lichtenthal, Currier, Neimeyer, and Keesee (2010) showed that spiritual sense-making and benefit-finding in bereavement predicted better adjustment. Although their study did not specifically look at sense-of-presence experiences and other continuing bonds expressions, Neimeyer, Baldwin and Gillies (2006) found that high scores on a continuing bonds scale were only associated with higher distress levels for those who were unable to ‘make sense of the loss in personal, practical, existential, or spiritual terms’ (p. 733). This can be seen as providing support for the hypothesis that sense of presence experiences may play a positive role with regard to perceivers’ wellbeing in bereavement if they are made sense of in spiritual terms.

Reflecting on the diverse conceptualisations of sense of presence experiences referred to so far – hallucinations, illusions, paranormal or anomalous perceptions, ideonecrophanies, mental representations, intrusion stress symptoms, after-death communication, mystical or supernatural events – one question is whether these
experiences can be legitimately and meaningfully conceptualised as spiritual phenomena, a question the present authors have pursued at greater depth elsewhere (cf. Steffen & Coyle, 2010). There spirituality was defined with reference to Wuthnow (2001) as ‘a state of being related to a divine, supernatural, or transcendent order of reality or, alternatively, as a sense of awareness of a suprareality that goes beyond life as ordinarily experienced’ (p. 307); ‘this state of relating to or awareness of the transcendent tends to be meaningful and significant in ways related to what is perceived as sacred, although it needs to be acknowledged that individual and cultural differences with regard to “the sacred” pertain’ (Steffen & Coyle, 2010, p. 277). In other words, the notion of a spiritual dimension to life challenges the reductionist, materialist view of reality that has become the dominant perspective in modern Western societies (cf. Hay, 2006). However, a conceptualisation of sense of presence experiences as spiritual phenomena appears to accord with reports by perceivers of such experiences. Linking back to our earlier discussion of the necessity of culturally available frameworks in which these experiences can be interpreted, it would seem that depending on the discourses available to the perceiver, such experiences can be meaningfully made sense of as spiritual events. For example, in Yamamoto et al.’s (1969) study of Japanese widows, sense of presence experiences were found to be culturally accepted and encouraged as they accorded with the religious beliefs and frameworks of the cultural context in which they were reported. In addition it was noted that religious Japanese widows had more sense of presence experiences than non-religious widows and were found to be more accepting of the loss and blamed others less.

The potentially beneficial value of sensing experiences that have been framed within socially sanctioned spiritual or religious belief systems has been frequently demonstrated (Chan et al., 2005; Doran & Downing Hansen, 2006; Goss & Klass, 2005; Lalande & Bonanno, 2006). However, spiritual meaning-making with regard to sense of presence experiences may be less straightforward in a Western context (Steffen & Coyle, 2011), as such experiences do not only challenge scientific understandings of what constitutes reality but also religious understandings with regard to the possibility of communicating with the dead (Klass & Goss, 1999; Walter, 2002) due to their problematic status within
many Western Christian contexts. Firstly, direct spiritual experiences without mediation by priests have traditionally been discouraged (Fenn, 2001). Secondly, while interactions with saints may be encouraged in some traditions, for example in Catholicism, within the majority of Protestant contexts, no other spiritual relationship apart from the bond with God (as represented in the Trinity) is viewed as permissible (Klass & Goss, 1999).

Kwilecki (2011), who studied the grief narratives of 20 published book-length grief accounts in which it was reported that the presence of the deceased had been sensed, noted that for believers who drew on religious coping strategies the experience was not only comforting and soothing but also served to reinforce their religious beliefs, particularly concerning the existence of an afterlife and finding meaning in the death, whereas for non-believers the experience only served a ‘palliative’ function, i.e. it led to a sense of consolation but did not aid meaning-making. This finding accords with the present authors’ recent qualitative analysis of in-depth interviews conducted with twelve participants who reported having sensed the deceased (Steffen & Coyle, 2011). It concluded that some benefit was found in the experience even if it did not fit with the perceiver’s assumptive worldview but that those who were able to conceptualise the experience within spiritual and/or religious frameworks were able to find meaning that went beyond immediate coping concerns.

Implications for therapeutic practice

The lack of social sanction for sense of presence experiences in the West, people’s fear of being thought of as insane or of having the experience ‘explained away’ and the resulting difficulty in talking about it within their family and/or wider community may raise concern among and isolate perceivers. These concerns may arise in discussions around loss and bereavement in counselling and psychotherapy practice. Approaches to bereavement counselling are still often positioned within outdated ‘stage theories’ in the ‘breaking-bonds’ tradition, encouraging disengagement from the deceased (e.g. Worden, 2001) in which such experiences are viewed at best as ‘benign’ illusions. In a study by Taylor (2005) investigating the counselling experiences of clients who had sensed the
presence of the deceased, it was found that 8 out of 10 clients reported that they were dissatisfied with the way their therapist responded to their experiences, as they felt ‘unaccepted, abnormal, not understood, unable to connect to counsellors, and that they had received no empathy’ (p. 60). It appeared that the counsellors were not aware that such experiences are normal occurrences in bereavement and this conclusion seems to illustrate Walter’s (1999) observation that bereavement care tends to be regulated by ‘clinical lore’ rather than by research knowledge.

Taking a systematic look at the sense of presence literature, a range of practice recommendations can be extracted. The most common advice is to ‘normalise’ the experience, i.e. to reassure perceivers of their normality and to explain that these experiences are not pathological (Berger, 1995; Daggett, 2005; Dannenbaum & Kinnier, 2009; Datson & Marwit, 1997; Grimby, 1998; Hoyt, 1988-89; Longman et al., 1995; Parker, 2005; Rees, 1971; Sanger, 2009; Sormanti & August, 1997; Taylor, 2005, Yamamoto et al., 1969). Other advice given includes the need to explore the experiences further and to clarify their meanings (Epstein et al., 2006; Longman et al., 1988; Sanger, 2009), to help with the sense-making and integration of the experience (Neimeyer et al., 2006; Parker, 2005) and to explore possible spiritual and religious meanings (Benore & Park, 2004; Steffen & Coyle, 2011; Tedeschi & Calhoun, 2006; Yamamoto et al., 1969). Considering the potential significance of spiritual meaning-making, it may be particularly important to also consider the more generic practice advice that is given in connection with religion, spirituality and therapeutic practice (cf. Aten & Leach, 2009; King-Spooner & Newnes, 2001; Pargament, 2007) and to engage respectfully and constructively with clients’ religious and spiritual belief systems (Coyle, 2010). As regards more disturbing sense of presence experiences, recommendations include examining the context in which the experience occurred to explore any ‘unfinished business’ in the relationship with the deceased and to facilitate the client’s grieving while remaining respectful of the client’s assumptive world (Parker, 2005). Generally, the consensus in the literature seems to be that, even in cases in which the experience is not perceived as welcome or beneficial, associations with mental illness should be avoided (e.g. Datson & Marwit, 1997; Grimby, 1998; Hoyt et al., 1980-81; Olson et al., 1985). Instead it is suggested (for example by
Sanger, 2009) that mental health practitioners, therapists and counsellors should adopt a non-judgmental and empathic stance and treat their clients’ experiences and beliefs as valid and worthy of respect.

Conclusion

The foregoing discussion of sense of presence experiences in bereavement suggests that viewing these experiences as straightforwardly facilitative of the perceiver’s mental health or as indicative of psychopathology or as a failure in coming to terms with the loss of a loved one is overly simplistic. As Klass and Walter (2001) have pointed out, the sheer frequency of this experience within the general population shows that the label ‘pathological’ or ‘hallucinatory’ cannot be applied here. Instead, sense of presence experiences in bereavement can be understood as common, cross-culturally stable, perceptual phenomena which can be conceptualised in diverse ways depending on the socio-cultural context in which they occur. Sense of presence remains a controversial topic within bereavement scholarship, giving rise to continued research undertakings and debate with regard to status and potential effects on the bereaved. However, it must not be forgotten that the majority of perceivers experience it as greatly beneficial, especially if it is made sense of in (spiritually) meaningful terms. It seems appropriate to leave the final word on this to a perceiver who participated in our recent study of sense of presence experiences and meaning-making processes (Steffen & Coyle, 2011). She evaluated her experience thus:

‘And actually, it was quite comforting in a way. And just feeling that sort of sense she was there. It was almost like she was saying good-bye, because I wasn’t there when she actually died. It was almost like she’d just come to say, “You’ll be fine. Everything will be fine. And I just want to say bye-bye.” And it was actually, it was a really nice feeling.’
References


