

EDITORIAL

Intended Audience: Clinicians, General

One Culture Haunts while Another Consoles: Differing Responses to the Deceased

Patricia Pearson, MSc

Toronto, Canada

The shift in the calendar from October to November demarcates a striking difference in how cultures interact with their dead. Halloween is a flashy parade of ghosts, with spooky stories, ghoulish masks and then a comforting pile of candy. We file through haunted houses, watch horror films, don disguises, and in myriad ways remind ourselves that the dead are scary Others to be shunned and shivered at.

Then comes November and All Souls' Day, more widely observed now in Latino culture as El Dia de los Muertos (The Day of the Dead). Here, the deceased are beckoned from their graves to visit with the living, offered flowers and favorite foods, encountered—not as ghosts but as lost and still-remembered loved ones. The import of this relationship to death was moving and clear in this year's parade through Mexico City, merging the skeletal costumes that all celebrants don in unison—no Donald Trump masks or sexy witch outfits—with an explicit memorialization this year of the victims of September's earthquake.

The Day of the Dead is actually much more meaningfully aligned with the real, lived experiences that human beings have with 'ghosts.' According to a review of the literature recently undertaken by myself, Dr. Julie Beischel, and Dr. Julia Mossbridge, the likeliest ghost that people will encounter across cultures is a close family member, more often an older relative or spouse than a child, whose presence is sensed or fleetingly seen after death, and from which the bereaved derive comfort. Conventional psychiatry refers to these experiences as "grief hallucinations."

In the late spring of 2015, by way of example, my brother-in-law paid a visit to my sister's tomb, in an alpine meadow cemetery in the Gatineau Hills of southern Quebec in Canada. My sister had been dead, at this point, for seven years, and the pair had been separated for twelve. He sat in the grass amidst planted geraniums for half an hour, musing about the rise and fall of their marriage. He told Katharine, or her tomb, that he was sorry for the part he had played in the dissolution. Then, plucking up and tossing away a handful of grass, desultory, he began his ninety-minute drive back to Montreal.

"It wasn't until I was maybe halfway home that I felt her presence," he later wrote to me. "The landscape is open there with a big wide sky, but it was overcast and had started to rain—just barely, but it made me a bit nervous." He was on a motorcycle. Even fit riders, as he surely was, begin to lose some confidence in their fifties.

"The sense wasn't physical at first," he went on, "just this really nice, strong awareness of her. And then I had the distinct sensation of her arms around me, and her leaning in close against my back. It was tactile and fantastic. I felt warm. I was completely calm and happy, smiling from ear to ear. That hardly ever happens to me." His nervousness about the rain ebbed, and it occurred to him that Katharine was there to keep him safe on behalf of their two sons. She—the presence, the hallucination—rode behind him for twenty minutes or so.

"What I know is that it did not feel at all like a product of my imagination," he wrote. "It felt external to me. It felt real."

He wasn't prepared to say what the experience pointed to. Like other secular North Americans, he is aware we must uphold a certain paradigm and say 'this cannot be.' He is the son of an engineer and himself an amateur astronomer. He is fully cognizant of balancing on the knife's edge of what can and cannot be. Nevertheless, the sensed presence mattered to him, deeply. "It was," he said, "a remarkable, indelible experience."

Freud was the first to articulate the concept of "wishful psychosis" in grief, a notion of temporary madness featuring willfully conjured visions. He urged his patients toward recovery by 'severing bonds' with the deceased. Move on, let go, lest sorrow bedevil and sink you. This became the counseling profession's model for grief recovery. When the physician W.D. Rees first uncovered the prevalence rate of these hallucinations in a 1973 study of Welsh widows—about fifty per cent—he found that three-quarters of the widows had never spoken of the experience before being asked in his

survey. Unsurprisingly, they didn't wish to be pathologized. They also didn't want to move on.

In 1970, the English author Sylvia Townsend Warner, a frequent contributor of short stories to *The New Yorker*, had an unexpected visit from her dead lover, Valentine Ackland, lost the previous year to breast cancer. Roused at 3 a.m. one night, she found, as she wrote in her diary, that Valentine was presently beside her in their bed. "Not remembered," Warner clarified, "not evoked, not a sense of presence. Actual."

In the dark quiet of their British cottage, this "actual" Valentine, solid yet ephemeral, there fleetingly and then gone, engaged in a reuniting embrace. "I held her again," Warner noted with deep satisfaction. "It was. It is."

These experiences of presence, now widely documented in studies around the world, appear to have radical efficacy in healing grief, which eventually prompted the therapeutic community to shift from Freud's "severed bonds" model of recovery to the "continuing bonds" model pioneered by American psychologist Dennis Klass.

"In the new model of grief," Klass notes, "the purpose of grief is the construction of a durable biography of both the dead person and the living person that enables the living to integrate the memory of the dead and their ongoing interactions with the dead into their lives."

Yet, at the heart of this model there lies a metaphysical crisis. For there to be efficacy, the sensed presence experiences must be perceived as real. Therapists and doctors step lively around grief hallucinations, stranding the bereaved in a liminal space between madness and solace. One man who has been thinking about this and studying the phenomenon of late is palliative physician Christopher Kerr, the medical director at Hospice Buffalo, originally from Ontario. Another is counseling psychologist Edith Steffen of the University of Roehampton, UK. Both are grappling with the complexity and nuance of how the grieving and the dying sense the dead.

Additional Resources

Christopher Kerr, MD, PhD, Hospice Buffalo

<https://www.hospicebuffalo.com/files/3714/6117/3001/KerrCW-CV-2016.pdf>

"I See Dead People: Dreams and Visions of the Dying," TEDxBuffalo, 2015

<https://www.youtube.com/watch?v=rbnBe-vXGQM>

Edith Steffen, PsychD, PGDip, University of Roehampton, UK

[https://pure.roehampton.ac.uk/portal/en/persons/edith-steffen\(ff004720-c97e-491d-8dc7-9b1d13950980\).html](https://pure.roehampton.ac.uk/portal/en/persons/edith-steffen(ff004720-c97e-491d-8dc7-9b1d13950980).html)

Steffen, E., & Klass, D. (Eds). (2018). *Continuing Bonds in Bereavement: New Directions for Research and Practice*. Routledge: Taylor & Francis Group.

Pearson, P. (2017). End-of-life experiences: Advice for caregivers. *Threshold: Journal of Interdisciplinary Consciousness Studies*, 1(1), 3–6.

<http://www.tjics.org/index.php/TJICS/article/view/2>

Rees, W. D. (1971). The hallucinations of widowhood. *British Medical Journal*, 4(5778), 37–41. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1799198/>


“Mexico’s Day of the Dead Parade Pays Tribute to Quake Victims,” *New York Times*, 10/29/2017.

<https://www.nytimes.com/2017/10/29/world/americas/mexico-day-of-the-dead.html>

About the Journal

Threshold: Journal of Interdisciplinary Consciousness Studies (TJICS) is a free, online-only, open access journal that disseminates information focusing on interdisciplinary studies of consciousness as it relates to dying, death, and what comes next. Articles include original peer-reviewed research, review articles, research briefs, conference presentations, education and training aids, essays, editorials, case studies, and book reviews. Content is tailored to meet the needs of specific audiences including researchers, clinicians, practitioners, and the general public. For more information, visit: www.tjics.org

Content © 2017 The Author(s).

 Licensed for publication by Windbridge Research Center, Tucson, AZ. This manuscript is open access. It is distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. It may be shared, copied, and redistributed provided that appropriate credit is given (BY). It may not be used for commercial purposes (NC). No modifications or derivatives may be shared (ND). For full license details, see: <http://creativecommons.org/licenses/by-nc-nd/4.0/>

