

## Fact Sheet: After-Death Communication (ADC)

**After-death communication (ADC) is a spontaneous phenomenon in which a living person has a feeling or sense of direct contact with a physically deceased person or animal.**

### What forms do ADCs take?

**ADC may occur as any of several types—alone or in combination.**

In the following types, the ADCr's perception may be either in the external physical environment or as internal mental imagery:

- Sense of presence – distinct sense of the deceased's presence with no specific sensory content but clear sense of the deceased's arrival and departure
- Sensory:
  - Visual – seeing the deceased either solid or translucent
  - Auditory – hearing vocalization from the deceased or perceiving a message telepathically
  - Tactile – feeling the touch of the deceased; more rarely, being able to touch the deceased and feel substance/matter
  - Olfactory – smelling a distinctive odor associated with the deceased
- Symbolic – a synchronistic event that symbolizes the presence of the deceased. Examples: a song on the radio; animals such as butterflies, dragonflies, and birds; plants such as flowers blooming out-of-season; appearance of coins
- Electronic – involving devices such as clocks, lights, computers, or telephones
- All sexes, with women reporting more ADC than men.
- All ages, with older people perhaps slightly more likely—probably because older people have usually lost more loved ones to death.
- All nationalities, with those from ADC-affirming cultures reporting more.
- All ethnicities, with some perhaps slightly more than others.
- All education levels.
- All income levels.
- All religious affiliations and practices.
- All physical health conditions—from perfectly healthy to deathbed.
- All states of consciousness, including awake-and-alert, in reverie, in meditation, and while falling asleep, sleeping, or awakening from sleep. So-called “dream ADC” may be most common—perhaps better termed “sleep” ADC because the “dream” was usually as or more real than typical dreams.
- All belief systems.
- All mental health conditions. There is no evidence that ADC alone indicates psychological disorder or mental illness.
- ADC is usually a private experience, but it is sometimes shared with one or more other people.

### Who has ADCs?

**At least one-half (1/2) of people report having experienced ADC sometime in their lives.**

- Both bereaved and non-bereaved, but more bereaved: at least one-half (1/2) of people within one year of the death of a loved one.

### Are ADCs hallucinations?

**Most factors indicate that ADCs are not hallucinations.**

- Hallucinations tend to be distressing. Afterwards, experiencers consider them unreal, meaningless, and easily forgotten, and they have no wish to reflect on them and show no particular aftereffects from them. Hallucinations are almost never veridical; that is,

their contents almost never correspond to objective reality.

- ADCs tend to be profoundly pleasurable. Afterwards, ADCrs usually consider them to have been real and meaningful, and the memory of them tends to remain vivid and cherished for decades. ADCrs usually have a strong desire to recall and reflect on their ADCs, and they typically show particular aftereffects from them. Many ADCs have been veridical (<https://near-death.com/study-of-evidential-after-death-communications/>)

## What are the effects on ADCrs?

### People usually find ADC to be beneficial.

- ADCrs usually describe their ADCs with words such as: pleasant, positive, serene, mystical, elating, helpful, comforting, healing, spiritual, a good experience.
- Following ADC, most people feel reassured and comforted that
  - the deceased continues to exist—in a state of wellbeing and happiness, and
  - the relational bond of love between the ADCr and the deceased continues—albeit in a different form.
- Previous believers in life after death typically feel affirmed in their beliefs; non-believers typically change to believers.

People sometimes experience distress related to ADC, almost always fear and confusion from lack of information or misinformation about ADC rather than from the ADC itself.

## Suggestions and Resources:

- Reading about ADCs can be helpful. We recommend:
  - Guggenheim, B., & Guggenheim, J. (1995). *Hello from heaven*. Bantam Books.

- Elsaesser, E. (2023). *Spontaneous contacts with the deceased: A large-scale international survey reveals the circumstances, lived experience, and beneficial impact of after-death communications (ADCs)*. IFF Books. (Awarded the 2023 Scientific and Medical Network Book Prize)

- After-Death Communication Research Foundation website: [www.adcrf.org](http://www.adcrf.org)

- ADCs typically reduce in frequency over time following a death. Although they are usually remembered vividly, journaling them may, nevertheless, be beneficial—and consider adding yours to the [www.adcrf.org](http://www.adcrf.org) collection.
- ADCs are spontaneous experiences, but they can be facilitated through processes such as psychomanteum—a particular kind of mirror-gazing in darkened surroundings—and Induced After-Death Communication (IADC).
  - Botkin, A. L., & Hogan, R. C. (2005). *Induced after death communication: A new therapy for healing grief and traumatic loss*. Hampton Roads.
  - This website: [www.induced-adc.com](http://www.induced-adc.com)
- Whether or not someone has experienced an ADC, they may be interested in communicating with the deceased through a medium. Research indicates that skilled mediums appear to be accessing information from the deceased. Such research is ongoing, for example at the Windbridge Institute: [www.windbridge.org](http://www.windbridge.org)

The information in this Fact Sheet is based primarily on a systematic review of 35 research studies between 1894 and 2006 involving over 50,000 people from around the world (<https://doi.org/10.17514/JNDS-2022-40-3-p141-176>) and a more recent ongoing large-scale multilingual study in Europe with over 1,200 participants ([www.adcrp.org](http://www.adcrp.org)).

Written by: Jenny Streit-Horn, PhD; Janice Miner Holden, EdD; Noelle St. Germain-Sehr, PhD; and Evelyn Elsaesser, PhD