

Spirit Therapy: Mediumship as an Adjunct to Depth-Oriented Grief Therapy

**by
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Submitted in partial fulfillment of the requirements

for the degree of

Master of Arts in Counseling Psychology

Pacifica Graduate Institute

17 March 2024

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I certify that I have read this paper and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a product for the degree of Master of Arts in Counseling Psychology.

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Abstract

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Existential questions raised by death and the desire to maintain a connection with a deceased loved one causes some grieving people to reach out to a medium to communicate with the deceased. Theories related to grief therapy and mediumship are explored, illuminating how they can overlap and how mediumship could be used in therapy. Using hermeneutic, heuristic, and alchemical hermeneutic research, this study explores the process of healing grief from the perspectives of both mediumship and psychotherapy. Finding that both modalities are conducive to healing, it discusses how grievers can learn to connect to their loved ones by developing their mediumistic abilities, as well as how a therapist can use both depth psychology and mediumship to support a client who is grieving.

Acknowledgments

I would like to express my gratitude to Yossi, Ziv, and our baby on the way: You are my world, thank you for supporting me through the arduous process of thesis writing and for your unconditional love and inspiration. Thank you to my research team, my thesis advisor Barbara Boyd, research associate Gioia Jacobson, research professor Megan Attore, and my editor Rebecca Pottenger; I could not have written this thesis without you. To all my professors at Pacifica, my therapy supervisors and co-interns, and to my beloved cohort members of the Hummingbirds, the Butterflies, the Giraffes, and the Blackbirds, thank you for all that you have taught me. To all the mediums, witches, rebels, and mystics who came before us and whose shoulders we stand on, to those who walk among us, and to those who will carry forward after us, thank you for tending the soul of the world with your fearless self-expression, wisdom, and compassion. Lastly, thank you to my higher power, to Spirit, to Mother Earth, and to all my friends, family, guides, and teachers in this world and the spirit world. I pray I have done this work justice and will continue to do my best to answer your call.

Dedication

For E.T.B.

and

For the people in spirit world and those of us in the physical realm who grieve their transition, may we feel their healing and continued presence in our lives.

Do not stand at my grave and weep,

I am not there. I do not sleep.

I am a thousand winds that blow.

I am the diamond glints on snow.

I am the sunlight on ripened grain.

I am the gentle autumn rain.

When you awaken in the morning's hush—

I am the swift uplifting rush

Of quiet birds in circled flight.

I am the day transcending night.

Do not stand at my grave and cry;

I am not there. I did not die.

—Mary Elizabeth Frye (1932)

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Chapter I Introduction

A Buddhist parable tells of a woman named Kisa Gotami whose only child died (Turning Wheel Buddhist Temple, 2023). In denial, Kisa carried her dead boy on her hip, asking anyone she encountered for medicine to cure him. Finally, a neighbor told her surely the Buddha would give her medicine. When she went to the Buddha, he said he would grant her wish if she could bring him a mustard seed from a home that has never been touched by death. When the mother returned grieving and empty handed, aware of the reality of her son's death and that she was not alone, the Buddha told her that she had received the medicine that had always been intended for her. Death binds us together in the shared experience of being human. The Buddha gave her an impossible task to complete so that she would awaken to the truth herself and experience healing through connection with others who had shared the hardship of grief.

Area of Interest

In my experience with personal grief and as a grief therapist trainee, people often feel alone in their grief, pressured by others to move on in life, and faced with people who do not know how to talk about death. Death naturally brings up existential questions: Where is my loved one? Are they okay? Feeling alone and longing for connection causes some bereaved to reach out to a grief counselor. Others may reach out to a medium, defined for the purposes of this thesis as a person who can communicate with the dead.

For as long as I can remember, I have been in communication with the deceased and disincarnate beings. Over the last decade I have trained as an evidential medium,

-serving as a translator between deceased loved ones and their bereaved to validate their identity and survival of consciousness after death. A professional medium for 8 years, my mission is to provide accurate messages of healing from deceased loved ones and confirmation that life continues after one has left this physical plane. I have high ethical standards and am dedicated to developing my mediumship as a lifelong endeavor. I also am passionate about helping people develop their innate mediumistic abilities to nurture bonds with their deceased loved ones and receive spirit communication first-hand.

I have spent 19 years working as an end-of-life doula; the first 13 years of which I was a hospice certified nursing assistant and home caregiver. Most recently I have been a grief therapist trainee at a hospice center. In my experience, the bereaved can feel guilty on the one hand if they exhibit signs of happiness and on the other if their grief process is seen as taking too long. These polarizing expectations can cause the griever to feel isolated and become frozen in their grief. Through my experiences of working with grief, I have seen the significance of both therapy and spirituality as a part of healing. This has motivated me to research how spirituality, and in particular mediumship, can be grounded in depth psychology to benefit traditional talk therapy.

Guiding Purpose and Rationale

As both a psychotherapist in training and a medium I want to ground my mediumship in its relationship to depth psychology, “whose interest is in the unconscious levels of the psyche” (Hillman, 1975, p. xi). Psychiatrist and founder of analytical psychology Carl Jung (1921/1971) defined *psyche*, the Greek word for *soul*, as “the totality of all psychic processes, conscious as well as unconscious” (p. 463). The context of unconscious or unknown aspects of self and life can encompass the concept of life

after death, such that an individual's psychology and spirituality can include a relationship with their deceased loved ones.

Work on the topic of grief therapy and mediumship contributes to clinical practice and the field of psychology because of the growing popularity of alternative methods of healing such as mediumship. As such, it is important that grief therapy become conversant with mediumship and its capacity to help clients process grief experiences. I would like to see mediumship become a part of a care plan, and as such mediums accepted by the medical community as part of the holistic care team. My hope is that this thesis is a small contribution to research on the benefits of mediumship when utilized in conjunction with depth psychology.

Methodology

There is extensive existing research on grief, but little scientific research on mediumship, especially when used in conjunction with psychotherapy. There is a gap in the research on the efficacy of mediumship as an adjunct to psychotherapy for the treatment of grieving people. In response to this lack of research, I have asked the following question: How might mediumship, when combined with depth-oriented talk therapy, provide effective support for people grieving the death of a loved one?

The research methods that I use are hermeneutic, heuristic, and alchemical hermeneutic. Using hermeneutics, I have searched "for meaning in and between different" theories and published sources of information on mediumship and grief therapy (Pacifica Graduate Institute [PGI], 2021, p. 44). I have placed what I have found in dialogue with alchemical hermeneutics in which the unconscious is engaged in reflecting on the research. Data from "reflection, reverie, synchronicity, dreams, visions, [and]

revelations” differentiate the researcher’s conscious understanding from that provided by unconscious aspects of psyche (p. 44). In using heuristic research, I have added an analysis of my personal history with both loss and mediumship, providing “immediacy and meaning” in moving between “experience to witnessing to experience” (p. 45).

Ethical Concerns

In considering the concept of mediumship, it is important to refrain from imposing one’s own beliefs and to be respectful of the client’s beliefs. Likewise, it is important that mediums encourage the client to use their discernment regarding the truth or fit of the messages received. As clinical psychologist Brant Cortright (1997) cautioned, given the unverifiable nature of the intuitive or psychic arts one must be aware of the danger of deception and of the risk of losing one’s grounding in clinical practice. Just as therapists need to contain their own psychological material when triggered by the client’s issues and not project it onto or see it as belonging to the client, mediums need to make sure they are not filtering messages through their own history or psychological content.

My findings are inherently limited, contributing to research on grief without being conclusive or prescriptive. The research is limited not only by the ineffable nature of the possibility of life after death, but also by my personal and cultural context. I share my experience as a white, European American, cis-gender, bisexual, Jewish female in her 30s. My synthesis of the topics of mediumship, grief, and depth psychology may not reflect the greater consensus of practitioners in the related fields. Many psychological theories shared in this thesis are by white Western men and women. This is only one viewpoint. Ways of grieving that are stigmatized and pathologized in the West may be the norm in other cultures around the world (Cann, 2020).

A therapist who is also a medium must discern how they can combine the two modalities within their scope of competence and while complying with laws and ethics. If the therapist is also the medium, they should thoroughly explain mediumship and its difference from therapy, and mediumship and therapy sessions should be kept separate and distinct. Moreover, it is important in working with mediumship as an adjunct to therapy, that therapists are aware that mediumship is an unregulated industry and the quality of mediumship ranges from experienced, ethical, and accurate, to people who can inadvertently or deliberately do harm (Cortright, 1997). Therapists should also consider the psychological risks to the client involved in mediumship, as it may not be suitable for clients who have a history of psychosis or are mentally unstable (Neimeyer, 2012).

A last ethical concern involves protecting the privacy and confidentiality of others in my heuristic research. To do so, I have not referred to any individual in a way that might identify them. I have written solely from and about my own experience with grieving, being a medium, and conducting grief therapy.

Overview of Thesis

Chapter II explores literature related to grief therapy, mediumship, and depth psychology. Chapter III covers my findings and clinical applications through my personal experience working in both mediumship and grief therapy as well as receiving the medicine of both modalities in my personal grief journey. I provide a framework for clinicians for including mediumship as an adjunct to therapy and depth psychological techniques related to mediumship. Chapter IV summarizes the thesis and offers conclusions, findings, and ideas for further research.

Chapter II Literature Review

Grief and Its Effects

Grief, as discussed in this thesis, is the expected response to the loss of a significant person in one's life (Beischel, 2023). Disenfranchised grief "refers to the losses in a mourner's life of relationships that are not socially sanctioned" (Worden, 2009, p. 4). Examples would include losses of a partner within alternative lifestyles or an affair, pet loss, pregnancy loss, and death by suicide or AIDS (p. 4).

Grief expert and psychologist J. William Worden (2009) outlined how grief affects one's emotional, mental, and physical life: Emotional distress includes sadness, anger, blame, guilt and self-reproach, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, or numbness. Physical sensations include hollowness in the stomach, tightness in the chest, oversensitivity to noise, breathlessness, shortness of breath, muscle weakness, lack of energy, and dry mouth. Psychologically, grief can precipitate a sense of depersonalization and derealization in which nothing seems real including oneself. Cognitions range from disbelief, confusion, and preoccupation to a sense of presence. In a study of bereaved children, 81% "felt watched by their dead parent 4 months after the death, and this experience continued for many of the children (66%) 2 years after death" (p. 26). Although one might categorize these as hallucinations, "it is interesting to speculate whether these are . . . some other kind of metaphysical phenomenon" (Kersting, as cited in Worden, 2009, p. 26). Behavioral changes include sleep and eating disturbances, absent-mindedness, social withdrawal, dreams of the

deceased, either avoidance or attachment to reminders of the deceased, attempts to contact the deceased, restlessness, and crying.

Bereavement in contemporary Western culture is recognized by a relatively private and brief funeral or memorial service (Swazey, 2013) and by the provision to working persons of very little time to grieve. Five full days is what passes as generous grieving time in America today. . . . the most popular policy is three days” (Ward, 2022, para. 8). In contrast, cultural anthropologist Kelli Swazey (2013) described the death rituals in Tana Toraja, Indonesia. There, rather than a private process, grief and funerals are shared, elaborate and raucous, community experiences. Swazey (2013) noted that the Torajan people seem to understand that grief is a slow social process involving a gradual transition in the identity of the living. The Torajan live with their dead, keeping their bodies in the house with them as the dead make the transition from life to the afterlife and the bereaved transition to relating to their loved one as alive, to relating to their loved one as an ancestor. Grief is a natural process, which psychotherapist Francis Weller (2015) said, has been “taken hostage by diagnoses and pharmaceutical regimes. For the most part, grief is not a problem to be solved, not a condition to be medicated, but a deep encounter with an essential experience of being human” (p. xviii).

In the lineage of depth psychology, neurologist and founder of psychoanalysis Sigmund Freud (1917/1961) theorized about the nature of grief when it becomes a psychological problem. He distinguished mourning as a process that ends in a healthy adaptation to life without the deceased or loss that produces a state of melancholia. He observed the natural symptoms of mourning as similar to those discussed above. Although the process of mourning often takes a long time, eventually the bereaved is able

to withdraw the psychic energy or libido they invested in the lost love object and invest it elsewhere. When melancholia, rather than mourning, results from loss, instead of this withdrawal of energy from and release of the external and lost object, the bereaved draws the lost object into their inner world as an aspect of the self. This results in the denial of the loss. It also means emotions, such as anger, related to loss are turned inward against the inner object or self. Thus, for Freud (1917/1961) the features that distinguish melancholic (pathological) from normal grief include a “lowering of the self-regarding feelings” (p. 244) and self-hatred. Freud observed, “In mourning the world becomes poor and empty; in melancholia, it is the ego itself” that becomes bereft of anything good (p. 246).

Psychoanalyst Otto Rank, one of Freud’s earliest followers, proposed that grief arises out of separation anxiety that has its origin in the birth event as the primal experience of separation (Sullender, 1985). How one experienced the original separation colors how one will handle separations that occur later in life. Theologian David Switzer (1970) said, “The foundation of the Self is comprised of the internalized response of the significant other. The individual self is interpersonal at its core, arising out of and continuing to be dependent upon the other” (p. 83). This suggests that separation anxiety and grief have to do with fear of losing the cohesiveness of the self that is held in the relationship. “It is not uncommon to hear the bereaved saying, ‘A part of me has died.’ Grief arouses in the bereaved acute anxiety and the terror of being left alone, which was experienced originally in the birthing process” (p. 80).

In contemporary Western psychology pathological grief, or *prolonged grief disorder*, was added by the American Psychiatric Association (2022) as a diagnosis. It is

defined as occurring when the death was over 12 months ago (6 months for children) but grief continues to cause problems that interfere with daily life (Godman, 2022). In addition to intense emotional distress or numbness, symptoms include the feeling that an aspect of oneself died with the deceased, disbelief that the loved one is dead, avoidance of reminders about the death, difficulty reintegrating into life, feelings of meaninglessness, and profound loneliness.

Worden (2009) distinguished between grief counseling and grief therapy and the difference between goals of treatment in each:

The goal in grief counseling is to facilitate the tasks of mourning in the recently bereaved so that the mourner makes a better adaptation to the loss. In grief therapy, the goal is to resolve the conflicts of separation that preclude the completion of mourning in those whose grief is chronic, delayed, excessive, or masked as physical symptoms. (p. 159)

The Process of Grieving

Worden (2009) identified four fundamental tasks in mourning: accepting the loss's reality, processing the pain of the loss, adjusting to life without the deceased, and finding a way of remembering the deceased that enables one to reengage in life. The last of these tasks suggests the need for some form of an ongoing relationship with the lost loved one. In this regard, Worden opined, "Another strategy used to deny the finality of death involves the religion spiritualism," which utilizes demonstrations of evidential mediumship to prove the survival of life after physical death. It is important to note that Spiritualism is a recognized religion and just one of many belief systems within mediumship. Worden argued, "The hope for reunion with the dead person is a normal

feeling, particularly in the early days and weeks . . . however, chronic hope is not normal” (p. 43).

Psychiatrist Elisabeth Kübler-Ross (1969) developed a well-known and often misconstrued theory on grief and loss. She initially intended the stages of denial, anger, bargaining, depression, and finally acceptance to be applied to people dying from a terminal illness. The theory was later adapted for those grieving the loss of a loved one, and although Kübler-Ross explained otherwise, cultural misunderstanding has led people to believe that one ought to move through these stages in linear order and finish grieving in a socially acceptable amount of time. In reality, a person in mourning may move back and forth through the stages or skip a stage all together. A person could feel acceptance and come back to the stage of anger, for example. Death scholar Candi K. Cann (2020) affirmed the nonlinear nature of mourning in her description of the dual-process model, which suggests that grief oscillates between orientations of loss and restoration. In this model, the psyche processes the loss in a natural movement between being immersed in feelings of grief and surfacing from the overwhelm of the loss in the restoration orientation. It can be helpful for the bereaved to become conscious of the oscillation, as complications in grief may occur from feeling stuck in one mode of orientation or the other. In prolonged loss orientation, one may feel mired down by the constant weight and strain of one’s heavy feelings of sadness and loneliness, as opposed to a state of unrelenting avoidance and compulsion to stay busy and distract oneself from the intolerable feelings of loss in a sustained orientation of restoration. If the bereaved is feeling a tendency to remain on one side, the remedy lies in engaging in the opposite orientation (Stroebe & Schut, 1999).

A person may feel the loss of their loved one keenly, followed by periods in which they feel okay again, but the process continually shifts, and sometimes one feels both ways at once. The dual process model recognizes the ongoing unpredictability of grief and acknowledges that the living may continue to have a relationship with the deceased. (Cann, 2020, p. 15)

A practice of mindfulness can help the bereaved manage the intense waves of grief that feel like they will last forever, by recognizing the ever-changing state of their emotions, and that change is the only constant.

Clinical psychologist Robert Neimeyer (1999) focused on a narrative approach to grief therapy that emphasizes the retelling of one's story of the loss of a loved one and the life one had before their death to construct meaning by looking for new possibilities in the story that include the loss but extend beyond it. In this telling one can find a way into a new relationship or bond with the loved one that preserves the connection of love and allows one to move forward while maintaining a relationship with them. For Neimeyer, grieving "requires us to reconstruct a world that again 'makes sense,' that restores a semblance of meaning, direction, and interpretability to a life that is forever transformed" (Cann, 2020, p. 15).

Continuing Bonds

Kübler-Ross's (1997) focus on ultimate acceptance of the loss, Worden's (2009) observation of the need to find an adaptive way to remember the lost loved one, Freud's (1917/1961) observation of the need to reinvest one's psychic energy in a new relationship, and the Torajan's living relationship with their dead as ancestors (Swazey, 2013) leave open the question of in what way one might continue a relationship with the

deceased that is supportive of a psychologically healthy adjustment to post-loss life. Continuing bonds is a theory that “examines the continuing bond with the deceased in the resolution of grief. The continuing bond has been overlooked or undervalued in most scholarly and clinical work” (Klass et al., 1996, p. xvii). Worden (2009) wrote, “Attachments to the deceased that are maintained rather than relinquished have been called continuing bonds” (p. 5).

Cann (2020) noted that the “theory of ‘continuing bonds’ describes what many around the world consider to be caring for the dead, and is a dominant grief paradigm in the non-western world” (p. 15). Cann added that the theory re-evaluates the process of mourning in light of attachment theory, viewing “the ongoing attachment to the deceased as healthy and even expected” (p. 15). Continuing bonds suggests that the process of grief may be one that is never completed as it involves a continuing, if new, different, and evolving, relationship with the lost loved one. “Relationships with the dead are not static ones, but changing and valuable ones that will continue to develop as we move through life” (p. 15). The theory draws on psychoanalyst John Bowlby’s (1980) statement that the attachment “model of grieving . . . focuses on the complexity of human relationships and the ways in which people remain connected to each other in life and in death” (p. 22). Cann (2020) noted that although “Continuing Bonds Theory has seen wide acceptance in the United Kingdom and in Europe, it has not yet been broadly promoted in the United States” (p. 15).

Connecting with the deceased beyond death is contraindicated by Western materialism, which refers to either “the simple preoccupation with the material world . . . or to the theory that physical matter is all there is. . . . [a] doctrine appears to be prevalent

in western society” (All About Philosophy, n.d., para. 1). Bowlby (1961) linked the difficulty of abandoning old intellectual models to the pain of grief (p. 3). “The more far-reaching a new idea, the more disorganization of existing theoretical systems has to be tolerated before a new and better synthesis of old and new can be achieved” (p. 335).

Worden (2009) advised that the types of bonds that are helpful for the adaptation of loss include “objects from the deceased (linking and transitional objects, keepsakes), a sense of the deceased’s presence, talking to the deceased, introjecting the deceased’s beliefs and values, and taking on characteristics of the deceased” (Field & Filanosky, as cited in Worden, 2009, p. 5). However, Worden warned, “Continuing bonds can be adaptive for some and maladaptive for others” (p. 5). He explained that in examining for whom continuing bonds are beneficial, it is helpful to look at “the mourner’s attachment style in relation to the deceased” (Field et al., 2005, as cited in Worden, 2009, p. 5). Research has found that insecure attachment can lead to prolonged grief, which has been interpreted as indicating that “holding onto the deceased may not be adaptive. Some mourners need to relinquish and move on (Stroebe & Shut as cited in Worden, 2009, p. 5). Clinical psychologists Victoria Russ et al. (2022) stated that consistent with Bowlby’s (1980) formulation,

the way people manage their grief can be understood as a function of their attachment histories. Bowlby proposed that individuals with insecure attachment orientations, compared with secure, are likely to experience complications in the grieving process as the lack of security in relationships interferes with the ability to adaptively seek safety and comfort in others. (p. 20)

Moreover, the difficulty in insecure attachment of developing relationships in which one feels safe from the fear of rejection or abandonment can lead to the intensifying of the emotional distress in the loss of a loved one. Russ et al. (2022) found that this combined with the difficulty in finding safety and comfort can lead to prolonged or complicated grief.

Worden (2009) asserted that the goal for people with insecure attachment is “to help them stop trying to regain physical proximity to the deceased and through internalization to feel secure through psychological proximity” (p. 70). In thinking about continuing bonds, Worden’s suggestion leaves open the difference between psychological and spiritual proximity: the experience of interacting with the deceased as having a disincarnate existence versus as a figure held in one’s psyche.

Connecting With That Which Is Beyond Ordinary Consciousness

Jungian psychoanalyst Donald Kalsched (2013) wrote about the effects of childhood attachment trauma—experiences that overwhelm a child’s capacity to protect or maintain their sense of self. He observed that sometimes trauma survivors have

privileged access to immaterial realities that remain inaccessible to people who live mostly in one world. Many of these patients have special gifts, psychic powers, shamanic visions, or auditory messages from beyond the ego, mystical connections to animals or to nature, access to healing capacities, uncanny intuitive wisdom, artistic talent, etc. (p. 9)

Pastoral psychologist Li-chu Chen (1997) asserted that in grief the unconscious permeates one’s consciousness as griever enters a state of mind that removes them from the outer world and makes it difficult for them to “act upon their conscious judgments, or

their personality. People who complete the grieving process often refer to those grieving days as dreamlike” (p. 82). Jung (1921/1971) identified the Self as the “transcendental” organizing center of the psyche, and as encompassing both the conscious and unconscious (p. 413). The Self compensates for the limited scope of the ego consciousness of the small s self by producing images that point beyond themselves to unconscious content. This content can be personally acquired and repressed, but also can transcend personal experience (Jung, 1954/1969, pp. 66-67). In his work with his own and patients’ dreams and in his confrontation with his unconscious, Jung (1961/1963, pp. 170-200) confirmed his theory that the Self is a resource of information and wisdom that transcends ordinary consciousness. Chen (1997) wrote that in grief, “because the old patterns—the personality—can no longer provide guidance for problems at hand, grievers’ old values collapse and they reflect on a new way to deal with it” (p. 82). Chen saw this as “a good opportunity” to have contact with the soul (p. 82). Grief transcends everyday experiences and thus can “awaken us to our spiritual essence” (p. 79).

Differentiating the soul from the Self, or entirety of the psyche, Jung (1921/1971) defined soul as the “inner personality” (p. 467). Evidential medium and leading authorized teacher of the Mavis Pittilla way of mediumship Annie Gee (2021) defined the difference of soul and spirit:

The soul is the vehicle for the spirit, [the soul] holds your architect's plan, our meaning and purpose for life. The soul is the part of you that existed long before you were born. The soul holds your character, your personality . . . it's what makes you, you!” (lecture)

Gee differentiated soul from spirit; she saw spirit as the “divine spark” or “god source” (lecture). She stated, “The spirit within is like that eternal source . . . so the spirit is encased within the soul, and they are all encased in the physical body. When we pass back to spirit, all we leave behind is the physical body” (lecture). Gee continued, saying that the spirit within is “pure, it’s the God-source, infinite power—whatever you want to call it—it is the life force which is in all living things . . . every blade of grass, every living thing has that divine spark [of spirit] running through it” (lecture). Jung related the Self to a divine presence, stating it could “be called the ‘God within us’” (as cited in Sharp, 1991, p. 120).

Transcendent Function and Active Imagination

Jung observed the psyche as having an innate movement toward greater wholeness through what he called the Self’s *transcendent function* (Sharp, 1991). In compensating the ego’s limited consciousness, the Self produces symbols, images that standing for the unknown are “pregnant with meaning” (Jung, 1921/1971, p. 475). When an image, whether displayed in a dream, metaphor, behavior, or symptom, emerges from the psyche and can be held “in parity” with the ego’s attitude, it causes a psychic stalemate or damming up of energy (Jung, 1921/1971, p. 479). The psyche responds to this predicament by producing a third, transcendent image of state (p. 479). This transcendent function is related to active imagination, both of which involve a symbolization process that constructs transformative images in exchanges between the ego and unconscious (Fleming, 1994).

In active imagination, unconscious contents are assimilated into consciousness by allowing them to respond spontaneously to the ego’s nonjudgmental focus (Sharp, 1991).

“The individual is able to engage in an active and reflective dialogue with images, sensations, thoughts, and intuitions” (Rytovaara, 2010, p. 187). Through a symbolic attitude that engages the aliveness of symbols, both the transcendent function and active imagination promote mediation between and integration of “the conscious and the unconscious, . . . the rational and the irrational, the imaginary and the real” (p. 187).

The Experience of the Numinous Self

Jung (1940/1969) believed that it is the numinous experience of the Self as a force or presence that transcends the ego, or center and subject of consciousness, that is healing as it creates an “alteration of consciousness” (p. 7). This alteration creates a respect for invisible forces and one’s inner experience (Sharp, 1991). Jung declared,

The main interest of my work is not concerned with the treatment of neuroses but rather with the approach to the numinous. But the fact is that approach to the numinous is the real therapy and inasmuch as you attain the numinous experiences, you are released from the curse of pathology. Even the very disease takes on a numinous character. (As cited in von Franz, 1990, p. 177)

Numinous presences can be encountered in dreams or in the experience of a visitation from or signs of the presence of the deceased. As a grief counselor with 8 years of experience told me of such encounters, “I have heard too many stories of transitions at time of death, vivid dreams of loved ones, and unexplained signs, that I can’t be skeptical, even if I started out that way or wanted to be” (personal communication, October 2023).

Jungian analyst C. Michael Smith (2007) explained that although Jung psychologized spirits as the emergence of numinous inner presences, this may have been the result of his desire for scientific credibility.

If we recall that Jung's midlife crisis was an initiation in which he encountered spirits, held lengthy dialogues with them, received guidance and revelations concerning his life's work and his psychology . . . it is perhaps not too difficult to conceive that Jung's private interests in the spirit world may have exceeded what he felt that he could express publicly. (p. 136)

From Jung's perspective, "if spirits manifest themselves, it is always in and to the psyche. If there be independently existing spirit entities . . . whatever appears as a spirit must manifest itself to a human through structures of the psyche and the central nervous system" (p. 137).

According to Jungian analyst Murray Stein (1998), Jung had an early fascination with occult experiences and had a cousin who was a medium through whom historical voices spoke with accurate accents. This became the topic of his doctoral dissertation. "Jung was fascinated and set out to understand and interpret this puzzling psychological phenomenon" (p. 4). In his autobiography Jung (1961/1963) concluded, "the psyche might be that existence in which the hereafter or the land of the dead is located" (p. 352).

Among the structures of the psyche that Jung (1931/1969) identified was a deeply unconscious collective layer that held archetypes—innate possibilities of human experience inherited across time—and "the whole spiritual heritage of [hu]mankind's evolution, born anew in the brain structure of every individual" (p. 158). Among these universal or archetypal possibilities is mediumship (Leonard, 2005).

Mediumship

Mediumship has occurred in every culture, in every part of the world, throughout time. “Both mental and physical mediumship, the ability to communicate with entities on the other side that have passed over, has its philosophical roots in ancient traditions that go back to time immemorial” (Leonard, 2005, pp. 42-43). Leonard (2005) continued, “Indigenous peoples who inhabited the whole of the earth since the dawn of time have sought out and communicated with those in the spirit world” (p. 43).

What is mediumship? What is the difference between mediums and psychics? The theory of mediumship is that everyone has a soul that survives physical death (Gee, 2021). Gee (2021) described mediumship as working “soul to soul,” although people may call it working with “the spirit world . . . we are working our soul, to their [disincarnate] soul, and when we are working psychically, we are working from our soul to the soul incarnate” (lecture). As a medium one blends one’s soul with a disincarnate soul, whereas when working psychically one blends one’s soul with a person living on earth in a body.

Messages can be given while the medium is fully aware, in semi-trance, or in full trance (Dreller, 1997). In evidential mediumship, which occurs when the medium is fully aware, also called *mental mediumship*, the medium brings through specific information that they had no way of knowing that provides the client with evidence that they are being contacted by their loved one (Morningstar, 2016). Evidential medium Konstanza Morningstar (2016) listed types of evidence that can be relayed from the spirit person to “bring healing by providing evidence of the survival of consciousness beyond physical death” (p. 24). These include the person’s age at death; details of how they died; specific

personality characteristics, habits, or likes and dislikes; and stories from their life with and without the client.

Messages, wrote Morningstar (2016), can be about anything and can be simple reassurances of the deceased's love, wellbeing, or presence and support, or can be very specific. Morningstar provided the following examples of types of messages:

Wanting to express something they didn't get to say before death; validation of end-of-life decisions; a desire to make amends; a new perspective on an old situation; validating of attempts at spirit contact; validation of dream visits; emotional support for the sitter during life crisis or difficulty; guidance on upcoming events in the sitter's life. (p. 171)

Morningstar (2016) also explained that one does not need to have a gift to be a medium: "I believe that mediumship is a natural human skill, and that it can be developed just like you can learn how to read, . . . drive a car, or play an instrument" (p. 1).

In their podcast, medium Fleur Leussink and grief therapist Clair Bidwell Smith (2020) shared about working with clients first in a grief therapy session with Smith, and then a mediumship session with Leussink. Leussink said that she sends her clients to grief therapists after providing them with a mediumship session and that she is now getting clients who have been referred to her by therapists and physicians. Smith said that she has repeatedly witnessed how a good medium can connect a grieving client with their loved one in a way that helps the client review their life with the deceased, contact and process emotions, address unresolved aspects of their relationship, develop a new helpful connection or way of keeping the deceased present in their life. The late Mavis Pittilla (2021a), one of the best and most respected mediums of our time, who had over 55 years

of mediumship experience and was world-renowned for her mentorship of mediums, emphasized that mediums must have respect for the people in the spirit world.

The respect for the real people that are living out their lives in another world.

Treating them like people. Not energy, not vibration, they are not ‘stepping in’ off the street, they’re people . . . just try to think of them as real people, living out a life, but holding fast to this world, through the memories that they have. Because that is really where the evidence is, it is in their memories. (lecture)

Pittilla (2021a) also cautioned mediums to remember they are not therapists, adding that therapists who are mediums should not combine mediumship and therapy in the same session, but should do them separately so as to keep the different roles clear.

The Windbridge Institute (2024), founded by pharmacologist Julie Beischel, is a scientific organization that conducted quintuple-blind studies on mediums for over 20 years. The studies have certified a certain number of mediums and have shown a high percentage of accuracy. Windbridge’s (2012) research findings concurred with continuing bonds theory that “grief is resolved when the bereaved are able to recognize their continuing bonds with the deceased” (“Continuing Bonds,” para. 1). Windbridge listed the following statements from grieving participants in its study of the benefits of mediumship:

- [It] had a profound effect on my life and my grieving process.
- After the reading . . . I had a different definition of my relationship with my mom that was more special than I could ever expect.

- When my first [therapist] negated the reading I had with a medium, I switched to someone who understood and supported “my new reality” and therefore received much more constructive help with my grief.
- I know that I personally needed to go through counseling as well. However, the level of healing was accelerated by getting readings.
- [The medium] helped me manage the grief that has been with me for more than 20 years.
- The medium reached my heart, the social worker my mind. (“Representative Participant Comments,” paras. 1-6)

Beischel (2023) shared that through mediumship research at Windbridge “we learned that some mediums can report accurate information about DLOs [deceased loved ones] without using fraud and their experiences of acquiring that information—even under laboratory conditions—reflect communication with actual DLOs, not ‘regular’ psychic functioning” (p. 232).

Induced After-Death Communication

Induced After-Death Communication (IADC) (n.d.) “is a brief psychotherapeutic intervention that generally involves only two treatment sessions, typically 90-minutes” (para. 2). IADC therapy is generally not recommended for the first 6 months following the loss, as the earliest stages of grief are characterized by shock, disbelief, and emotional numbing. For IADC to be effective, clients must be able and willing to access their sadness during these initial sessions. For nearly all people, it takes some time for the sadness to become fully assimilated (Neimeyer, 2021, p. 280). IADC (n.d.) directly asks the client to focus on the core emotional issue in grief—namely sadness—while receiving

the bilateral stimulation. Since ADCs are naturally occurring experiences, no suggestion is offered. Any suggestion offered by the therapist will likely prevent the ADC experience. Therefore, the instruction to clients is simply to “just be open to anything that happens” (Neimeyer, 2021, p. 281). Neimeyer (2021) wrote that most messages received seem to indicate that (a) their loved one continues to exist and is “okay,” (b) that their loved one is journeying with the client as they go forward with their own life, (c) that all residual issues of guilt, anger and blame have been “forgiven” and replaced by unconditional love, and (d) that the deceased wishes for the survivor to be happy and to go forward with their own life. Whatever the source of these messages, they seem to be uniformly healing for those clients who have a “successful” course of IADC therapy. (pp. 282-283)

Jung (1961/1963) questioned “whether the ghost . . . is identical with the dead person or is a psychic projection, and whether the things said really derive from the deceased or from knowledge . . . present in the unconscious” (p. 301). However, he also said after learning about spiritualism, that the spiritual phenomena about which he read were similar to “stories I had heard again and again” in childhood; concluding, “the material, without a doubt, was authentic” (p. 99). It interested him that the people he shared this with scoffed at it. Why “should there not be ghosts? How did we know that something was ‘impossible’?” (p. 99). Despite the unknowable reaches of spirit, “most people believe their experiential reconnection is real, but they do not have to believe in the authenticity of the experience to benefit from its profound healing effects” (IADC, n.d., para. 4). Chapter III integrates Jungian theory in an exploration of the potential therapeutic nature of mediumship and the ability to develop ADC in the context of grief.

Chapter III Findings and Clinical Applications

Chapter Overview

When a loved one dies, the bereaved may start to ask existential questions: “Where is my loved one? Are they okay? What happens when we die?” In both mediumship and grief therapy I have heard from clients that they have had dreams of the deceased or sensed the deceased’s presence. They often report receiving signs that the deceased is nearby in the form of synchronicities, where just as they are longing for their loved one, they see or hear something that for them is clearly a message that their loved one is present. Stein (1998) defined synchronicity as “the meaningful coincidence of two events, one inner and psychic and the other outer and physical” (p. 234).

Grief is a transformative journey—the griever will never be the same person. Depending on who was lost, every aspect of one’s sense of identity may be suddenly in question (Switzer, 1970). One may question: Who am I without my loved one? Am I still a spouse without them? Am I still a parent without my child? Who will hold with me memories of our past and who I was? Rather than life feeling full, it becomes a void with everything a reminder of the deceased’s absence: their cup still on the counter, clothes in the closet, activities now done alone. Every task of daily living is altered causing stress and decision fatigue over the small things that used to come naturally. Tugging at body and psyche, grief affects one’s physical, emotional, mental, and spiritual aspects of self (Worden, 2009). Whereas Freud (1917/1961) noted that the mourner’s libido was invested in a loved object no longer available to hold it, it seems to me it was invested in

a life no longer able to hold it. Even if the griever has secure attachment, the death of a significant other in one's world can disrupt the cohesiveness of one's experience of self and life, changing both at a fundamental level and ripping away any sense of a secure base from which to live.

In this chapter, I explore how an alliance between mediumship and depth psychological therapy can support a griever in a journey through mourning that in restoring the griever to a cohesive sense of self, broadens it, increasing their feeling of wholeness even as they face a lifelong experience of missing their loved one. As such, the research illuminates how mourning can support the griever's process of psychological growth or individuation. The process of individuation involves the differentiation and integration of unconscious influences toward the "realization of the self as a psychic reality greater than the ego" (Sharp, 1991, p. 69). Smith (2007) explained, "Individuation requires the aid of the ego in making deep unconscious contents conscious and is a precondition for the uniqueness and differentiation of the personality" (p. 115).

The following sections discuss not only the ways in which mediumship and therapy can work together to support the individuation and healing process of grievers, but also the innate mediumship of the psyche and ways in which individuals can develop their medium abilities. I call this combination of therapeutic modalities depth psychological *spirit therapy* as it emphasizes the awakening and integration of the spiritual or transcendental and transpersonal nature of the Self as part of the client's meaning making and movement toward wholeness. I also consider mediumship to be inherently healing, and that connecting with the soul and spirit within, and the spirit in all, to be spirit therapy. As a loved one's death can leave the bereaved bereft of the

meaning that life with the deceased held, the making of new meaning becomes crucial to healing. As Jung (2016) observed, “Meaning makes a great many things enduring—perhaps everything” (p. 271). He noted, “Only if we know that the thing which truly matters is the infinite, can we avoid fixing our interest upon futilities and upon all kinds of goals which are not of real importance” (1961/1963, p. 325). Jung (2016) added, one’s relationship with the infinite is inherently a matter of faith and “‘legitimate’ faith must always rest on experience” (p. 177). Spirit therapy as encapsulated in this discussion of the psyche’s ability to communicate with the souls of the dead is dedicated to supporting clients’ healing and sense of psychological and relational wholeness through experientially grounded, existential meaning-making. As the ego separates from the unconscious and focuses on outer life, “the religious function—this inborn demand for meaning and inner experience—is cut off with the rest of the inner life. And it can only force its way back into our lives through neurosis, inner conflicts, and psychological symptoms” (Johnson, 1986, p. 10).

As this suggests, grief can open one to the psyche’s innate religious function. However, it is crucial to keep in mind “the uniqueness of the grief experience” and that a “one size fits-all approach to grief counseling or grief therapy is very limiting” (Castera et al. as cited in Worden, 2009, p. 9). I share the following personal experience and ways that therapists might approach the healing process of grief as suggestions or guideposts.

My Personal Experience of Grief and After-Life Communication

One of my best friends died suddenly when we were 17, which is now 20 years ago. We had been in a fight and had not spoken in months. After their death I went from a star student-athlete with above a 4.0-grade point average to sleeping through all my

classes, relying heavily on substances, and barely graduating high school. At the time, I did not connect the dots that I was grieving, did not have the support I needed, and so used maladaptive coping mechanisms. Although for a few years I already had been struggling with substance use, I had been a high-functioning addict until my friend's death.

I went to my first in-patient rehabilitation when I was 19. On the drive to the rehab center, a few hours away from my hometown, a song played on the radio that had been our song—we both related to its meaning and bonded through our shared struggles, and they had burned a CD for me with that song on it. In that moment, I knew my friend was with me. Synchronistic to my journey since their death, I felt my friend recognizing my experience through the lyrics: “I’m not crazy, I’m just a little unwell. Stay a while and maybe then you’ll see a different side of me.” In the devastation of my addiction the words offered a gift of hope for a better future and gave me just enough strength to continue my pursuit of sobriety. Jung’s theory of synchronicity as a meaningful coinciding of the psychic and physical, or inner and outer, worlds was connected to his idea of the psychoid (Stein, 1998). In synchronicity, psychic and material phenomena seem to emerge as simultaneous expression of a single source, which he called *psychoid*. Stein (1998) defined the psychoid as “an adjective referring to the boundaries of the psyche, one [side of] which interfaces with the body and the physical world and the other [side] with the realm of ‘spirit’” (p. 234).

I had one experience shortly after my friend died where I saw them with my physical eyes. This is a rare occurrence as I had only seen a spirit with my physical eyes a few times in my life. I was looking in a full-length mirror in my room and I saw a shadow

figure, like a crisp outline of my friend, lean out from behind me and wave. My friend's hair had been distinctive and was matched by the outline of the shadow figure's hair, and I could feel their familiar and playful demeanor through their gesture. This experience brought me both comfort and a sense of awe knowing that they were okay, alive, and with me. From that point on I would make a conscious effort to connect with them: talking with them in my mind or asking for their advice or for them to join me in daily activities. Sometimes I felt their presence next to me while driving my car or would invite them along. My friend enjoyed Lucky Strike cigarettes and I often smelled cigarettes when there was no evidence of smoke around me.

Since my friend died, I have had dreams of them and could feel their presence at times when I was awake. I would write to them and use automatic writing to receive messages from them. "Automatic writing is the process or product of writing without using the conscious mind" and without conscious attention "to the actions of the writing hand" (New World Encyclopedia, n.d., para. 1). These are just a few examples of countless signs, synchronicities, and communications I have experienced with my friend since they have been on the spirit side—demonstrating they are alive and well in a different form—still actively involved in my life.

Since I was young, I have used journaling to process my emotions. I felt alienated and alone throughout my childhood, and writing brought me comfort. It was a way to sort out my thoughts and vent, and I would also write to myself as if connecting with a divine being who was bringing me comfort. During my grieving process, journaling and writing emotionally expressive poetry have been among my biggest comforts.

I credit meditation with a huge part of my healing from grief and addiction to meditation. In learning to sit and nonjudgmentally observe my thoughts and emotions as they pass through, returning to being present to my breath, I discovered the fear of feeling my emotions was greater than the actual experience of doing so. When I could sit with my feelings, I was able to begin addressing the root of my addiction and healing was able to occur. Later, I discovered that meditation as discussed below helps to develop mediumship.

Huge comfort also came from mediumship readings. I had a family member who was a medium and would validate the experiences I was having and offer evidence about my friend they had no way of knowing. This was priceless to me, and I clung to these magical experiences during the darkest times of my life, when I was attempting to get sober and in early sobriety.

Nonetheless, I continued to struggle with grief. Due to the way my friend passed and the fact that we had been in an argument when they passed, I felt extreme guilt: It was partially my fault, I should have been there for them. The moment I found out they had died, the reason I was upset at them seemed so trivial. I felt deep regret. The combination of these things was a recipe for me to develop complicated grief. My ongoing battle with addiction spoke to my need to numb or dissociate from my more complicated feelings about myself and our relationship and my inability to move through the grief process and reengage in life without substances. Because I was stuck in unprocessed, repressed guilt, compounded by developmental trauma, I could not resolve the wound the guilt created in my relationship with myself and with them. The guilt kept me stuck in grief, not only for having lost them but also for having abandoned them and

not having the opportunity to repair. Tying me in a psychological knot, while the guilt kept me in grief, the grief for the loss of opportunity kept me stuck in guilt. For the next 5 years, I relapsed more times than I can count. It took a second rehab, and multiple years in and out of sober living before I finally got and stayed sober. I now have 13 years clean and sober.

I wish that long ago I had received a mediumship reading in which my friend told me I did not need to feel guilty. Although I have seen such a communication relieve guilt or infuse forgiveness, I know that usually it does not magically erase guilt or resentment; it takes time and inner work to release it. This work likely needs to explore where the guilt might be connected to an unconscious complex that held a belief, for instance, about needing to save or being responsible for others. This is the work of therapy.

Unfortunately, I did not receive adequate therapy support after the death of my friend. I can see now how beneficial that would have been. I had a lot of strange experiences with different therapists. I think one of the reasons for that is that it allowed me to reflect on what was not helpful, so I would not repeat that in my work as a therapist. The focus on controlling substance use triggers, on engaging in healthy activities, and on developing positive socioemotional supports did not create a secure therapeutic relationship in which I felt authentic regard and understanding from the therapist, nor did it address my guilt and its etiology in my history of relational trauma. The vital nature of my current (post-mortem) relationship with my friend and what might be discovered in that was not a component of therapy.

It is important to note here that I had begun to use substances before my friend's death to help me cope with my unpredictable and often disturbing experiences of my

mediumship abilities. In that vein, having a therapist who invited those experiences—and the numinosity of the connections I was having with my deceased friend—into therapy would have been profoundly helpful. In having a therapist compassionately see, respect, and safely hold my experiences, rather than pathologize them, would have allowed me to internalize their view of me as my relationship with myself. This might have gone a long way in helping me develop the ego strength and inner and outer secure base needed to face my feelings of guilt. I also see in hindsight, how proper mentorship about my mediumship abilities from a young age could have saved me a lot of strife unsuccessfully trying to manage them with substances.

Mediumship in Partnership With Therapy

Sitting With a Client as a Medium

Mediums do not want to know anything about a sitter, the term for the one receiving a communication, before doing the reading. This is because in mental mediumship, all the information from the spirit world passes through the medium's mind. The medium must be in an altered state of consciousness to perceive and pass along this information. If a medium already knows something about the client, it complicates the process because the medium may struggle to know if the information is coming from their own mind, or from spirit, whereas if they know nothing about the client, they know that once they are in the altered state, that everything that they perceive is being communicated from the spirit world. Finding out if the medium asks the client about themselves or their deceased is a way that a therapist or prospective client can tell whether the medium is evidentiary and ethical.

A possible way for a therapist medium to work with a client would be for their first session to be a mediumship reading with an allocated or agreed upon number of follow-up sessions to process the session and grief. A problem can arise with this model for clients dealing with prolonged grief as mediumship can be most productive when the complicating trauma or unconscious complexes have been addressed (IADC, n.d.). It is recommended that clients are at least 6 months into their grieving process. This suggests that it can be best practice when a client has sought out a therapist medium for therapy, that the therapist refer the client out for mediumship. The reverse is also true: When approached for mediumship, referring the client out for therapy removes any conflict of interest one might have in how the client views or processes their mediumship experience.

Working With Grief and Trauma

In my experience the death of a loved one can be traumatic, disrupting the cohesiveness of the self or depriving one of a secure base—both of which can overwhelm one's capacity to cope, and lead to symptoms of trauma such as withdrawal from life, the inability to experience pleasure, disruption to self-care, and avoidance of reminders of the loved one (APA, 2022). It can also bring past relational wounds to the surface where the griever is mourning not only the significant other's death but also unresolved trauma that occurred between them. In this regard, I have found that mediumship can facilitate healing contact with the lost loved one that supports repair and forgiveness.

From a Jungian perspective, when trauma overwhelms the ego's ability to protect its sense of self it is split off into an affect-laden complex, a cluster of related images, beliefs, and emotion held in the unconscious (Sharp, 1991). When such a complex

derived from the griever's relationship with the deceased, one can imagine that it can complicate or prolong mourning because the grief from the death is complicated by and entangled in the unconscious grief related to the trauma. In my experience with mediumship, unconscious trauma can surface in the after-death communication. This often looks like the deceased's need to apologize.

In the context of mediumship, the deceased's apology does not occur as an echo or imprint from the past, it is a translation between the client and their significant person in present time. The deceased loved one is a real person, a "human being that lives in a different world" (Pittilla, 2021b), that has come to communicate with their loved ones. Only the body dies, the soul continues in its eternal spiritual progression. (Pittilla, 2021b) Although a person does not become instantly enlightened when they die, they do undergo a life review in which they see the effects their actions had on others, and if they have wronged people, part of their healing and spiritual progression may involve making amends (Pittilla, 2021a). Sometimes this involves their commitment to their incarnate loved one to make amends by being there for them from the dimension of spirit.

As a medium, one does not necessarily know that there are psychological factors complicating the person's grief. Sometimes, as reported by IADC (n.d.), when a griever meets a deceased who had been involved in traumatizing them or with whom they had insecure attachment, receiving an apology and promise of care is healing and freeing, releasing both the incarnate and the spirit person from the past and allowing them to develop a new relationship. It is the client's decision whether they accept the apology, and in my what I have learned and experienced as a medium the spirit person always respects that and offers their apology without expecting anything in return. In addition to

being unreceptive to the deceased's apology, the deceased's communication may precipitate in the griever dissociative or emotional reactions to the triggering of distressing memories. An apology, however valuable, may not be enough to resolve trauma held in an unconscious complex, as containing more than experiential memories, it can be entangled with deeply entrenched beliefs about the self and the world that are not so easily unknotted. In therapy, the clinician can provide compassionate attunement to and validation of the client's experience of the original trauma or their relationship to the deceased and the apology. As the client internalizes the therapist's attitude as self-compassion and self-respect, a secure base both within the client's psyche and within the therapeutic relationship can be cultivated, serving as a safe space in which to explore and process the trauma, retelling it to reveal and construct new meanings. This is why the collaboration between mediumship and therapy and the medium's awareness of the need to encourage their clients to seek therapeutic support for their grief process is so crucial.

Smith (2007) said, "A problem with Jung's interpretations of . . . phenomena is that he tends to interpret spirits as manifestations of the unconscious and possessing spirits as complexes or archetypes" (p. 135). Smith continued, "Regardless of whether one interprets the spirits as archetypes and complexes, or as independently existing spirits, Jung has wisely seen that they exist independent of the human ego and its familiar ego-identity" (p. 138). One could imagine that a complex could be healed through engaging with the spirit that instigated the complex in life, or in a Jungian view, with an archetype through practices such as dream work and active imagination.

When the spirit person has apologized, but the client's relationship with the deceased is challenging or holds trauma, rather than rejecting or accepting the apology

the therapist can help the clients who are motivated to do so renegotiate their bond with the deceased. This can allow them to develop and experience a relationship with the spirit person that they never had in life. When this happens, the continued bond, especially when with a deceased who contributed to the developmental trauma in the client, can support the remediation of insecure attachment and related unconscious complexes. In this process unconscious material can be held in tension with the ego attitude toward the production of a new third way of relating internally and externally.

A similar process can occur when the bereaved feels guilty toward the deceased. Healing the outer relationship post-mortem involves healing the beliefs about and attitudes toward both the other and the self that became associated with the unresolved wound in the relationship. This can have a ripple effect in one's relationships with self and others and the experience of this healing can be a spiritual awakening to the transcendent and transpersonal nature of the Self.

Mediumship, Therapy, and the Transcendent Function

When a client goes to an ethical medium to hear from a lost loved one, the conversation that ensues brings into dialogue two different perspectives: One view is contextualized by embodied experience in the material world, which contrasts to a viewpoint informed by the soul's spiritual essence and experience of another dimension of existence. As such the medium brings together a potential tension of opposites between what is in and what is outside of the realm of the bereaved's consciousness. Another possible tension can arise intrapsychically for the griever in the difference between their conscious attitude toward the deceased and unconsciously held memories, beliefs, or attitudes that the deceased's communication triggers. In being aware of these

polarities when they emerge in a client's mediumship experience, the therapist can help the client give attention to both the conscious and previously unconscious material, creating a space in which the transcendent function can produce a third possibility, providing new meaning or a new way forward. Drawing on the psyche's innate capacity to unify or transcend what had appeared oppositional, the therapist supports the client's process of individuation toward greater intrapsychic and interpersonal wholeness.

The Psyche's Innate Mediumship

Visitations in Dreams and Dreamwork

In working with his own and patients' dreams, Jung (2016) established that images in dreams are symbolic carriers of information from the Self to the "rational parts of the human mind," enriching "the poverty of consciousness" (p. 67). In his work with dreams, Jungian psychologist Stephen Aizenstat (2011) found that "dream images exist both in spirit and in matter and as such are expressions of both body and soul . . . and allow us to connect with ourselves in both realms" (p. 20). As stated above, the bereaved often report being visited by their lost loved ones in dreams, as did Jung (1961/1963) who said that after the appearance of a deceased loved one in a dream he began to think about an afterlife (pp. 302-303). He reasoned that the symbolism arising in dreams from the unconscious can aid one in providing "some sort of view" of immortality, the reality of which is unknowable via the rational mind (p. 301).

Acknowledging that the deceased appear in dreams but not viewing such appearances as actual visitations, Worden (2009) opined that such dreams can be helpful for overcoming obstacles in the grieving process. Worden gave a case example:

One woman experienced substantial guilt after her mother died in the hospital. Although she visited the hospital daily, her mother died the one time she left the bedside to go and get some food. She blamed herself for her mother's death. In a dream, she was trying to physically support her mother to stand but there was nothing she could do. The mother fell anyway. This dream helped her to realize that there was nothing that she could do or might have done to keep her mother alive, a fact that had been eluding her for some time. (p. 175)

Worden also noted that clients may dream of receiving "advice from the other side [that] can help attenuate anxiety and move the mourner toward some possible solutions . . . and dreams can be useful in helping the bereaved to make sense of the loss" (p. 175). It is interesting to note that the communications from the deceased in the dreams Worden described could be examples of the type of messages that in my experience can come through in mediumship readings. Worden (2009) found that "traumatic deaths frequently lead to considerable troubling affect, as seen in flashbacks and hyperarousal behavior" and that working with these dreams "can help a person integrate these affects of trauma in a way that sometimes cannot be done in the waking state" (p. 175).

Jung (1961/1963) noted that dream figures, to impart knowledge, need to be brought forth into consciousness (p. 306). Using active imagination to engage with a dead loved one who appeared in a dream can be likened to the process of mediumship. In this case one's imagination rather than a third person acts as medium. The imagination is our "capacity (our ability to form images which carry energy) that constructs the requisite bridges to those infinite worlds which otherwise lie beyond our rational and emotional capacities" (Hollis, 2000, p. 6).

The appearance in a dream or a synchronicity of the deceased, like the presence of any other powerful and ego-transcendent encounter, can be numinous and should not be approached by the therapist in a way to bring it wholly into the rational realm as, for instance, a mere projection of the unconscious. Rather it should be honored as a doorway between the known and that which is unknowable per se, providing a felt experience of and relationship to the ineffable. Psychiatrist and Jungian analyst Lionel Corbett (2019) advised,

Every aspect of the psyche contains both personal and transpersonal elements, and a rigid separation between them is impossible. . . . To argue that numinous experience arises purely from within one's own psyche makes an artificial distinction that ignores Jung's insistence that an element of the divine is located deep within our subjectivity. For Jung, . . . there is no sharp distinction between a transcendent divinity and what Jung refers to as the Self, an innate image of the divine. This level, which is the core of our being, is the ultimate source of numinous experience. (p. 15)

Jungian analyst and founder of archetypal psychology James Hillman's perspective on dreams is in alignment with this idea of the numinous presence of dream images (Aizenstat, 2011). He believed, according to Aizenstat (2011),

Dream images were more than signs pointing to some answer, as Freud said, or symbols representing a meaning, like Jung. They were also phenomenal, like living animals, and had presence, place, and body. He said that dream images were actually "persons of the soul" and "necessary angels." They are demons, djinn, and gods who show us our fate and await a response from us. (p. 19)

Aizenstat told of hearing Jungian analyst Marion Woodman speak about dreams and from her words it sunk in for him that “dreams are alive”—a perspective that would become “the most basic concept” of his future dreamwork (p. 20).

Jung found working with dreams a fruitful way to understand the dynamics and contents of his own psyche and that of his patients (Stein, 1998). Following this, I engaged working with my dreams to see what I might discover about mediumship, grief, and healing.

Alchemical Hermeneutics: Working With My Dreams

Through all my studies, I learned that there is not one best way to be with dreams; rather, there are many insightful techniques, tools, and perspectives. One can interpret a dream, feel and learn from emotions in a dream, relate and talk to dream figures, or become lucid in the dream to consciously explore the dream environment (Klerk, 2022, p. xiv). One also can use dream incubation, which mental health therapist and dream worker Machiel Klerk (2022) described as an ancient technique in which one asks for a dream to provide guidance or support regarding a specific problem or issue. Although I have utilized dream incubation throughout my life, I decided to try dream incubation in relation to this thesis. On December 30, 2023, before going to sleep I wrote in my dream journal: “I am asking one of my loved ones to please visit me in my dreams tonight. And I’m also asking for any guidance on my thesis. [I proceeded to list deceased loved ones by name]. Thank you!”

That night I had dream visitations from three different deceased loved ones. In visitations one can wake up feeling that one’s loved one had appeared, and was alive, healthy, and loving. Visitations can happen during the mystical time between sleep and

wake, called the *hypnogogic state*. The visitation I had was in this liminal state between sleep and wakefulness. I felt the presence of my dear beloved cat Jasmine standing on the left of my body and sniffing my face. I felt an overwhelming sense of love, relief, and excitement that she was with me again, and the feelings lasted through the day.

Visitations such as this are important to be valued in therapy as they feel magical and can contribute to healing grief as that can interrupt one's mournful perceptions about life and shift one's emotional state.

In the second dream, my beloved dog Pepper visited me. I did not remember until the next day when I was working with the dream, that the day before I had been looking at photos of rescue puppies for adoption and saw one that had a striking resemblance to Pepper. I read the description, and it said this dog would not do well in a house with children. My heart dropped, as this dog sounded nothing like my Pepper that I was longing for. That night I dreamt I was in a beautiful mountainous area by a lake, trying to take photos of nature but my phone seems to be broken. It was a tourist destination, and many other tourists were walking around. I suddenly saw a dog in the distance standing in front of the lake that looks just like Pepper. I tried to take her photo but was unsuccessful. She had a sassy stance like she would get when she was young and healthy and would be about to playfully run around.

The next day I worked with the technique of animation, going back into the scene and bringing it to life. Pepper's message was clear. You can connect with me; I am with you. When looking at photos of dogs and missing me, you are looking at something far away from me when I am right here with you. You do not need an identical replacement dog that is not really me, because I am already here. If I had dismissed the dream and not

took the time to animate it in meditation, I would have missed the message. The dream recalled the dilemma that can be faced by the grieving who both want to find love again and feel to do so is a betrayal of their relationship with the deceased. Pepper showed me that recognizing one's ongoing relationship with the deceased can help free one from the feeling of betrayal as it allows one to have new relationships knowing that none can—nor do they need to—replace the one that was lost.

My grandmother appeared in the next dream. In life, she died when I was about 9 and we were not close. She comes through in readings from other mediums for me all the time, so I know she is part of my spirit team. When I worked with that dream, I realized that my grandmother was showing me that even though I had not felt her care for me, she was around me in the worst times of my addiction. She let me know that my perceptions of how she felt about me were my projections: "I am right here supporting you and I have been always 'been at the table'." My grandmother showed me something very important. My belief that she was critical of me and emotionally cold were projections onto her of unconscious feelings I held toward myself. My grandmother (and perhaps my psyche) was showing me that my projections had blocked my receptivity to her support and communication. As Worden (2009) attested, "Dreams can be a useful tool not only to show where one is stuck, but also identify what might be causing the impasse and why the person is stuck" (p. 176). Working with the dream allowed me to recognize and withdraw my projections, work with their unconscious source within myself, and clear the pathway to proximity and connection so that communication could flow.

I had a follow-up dream on January 13, 2024; my dream incubation question was, "What do I need to know? Guidance?" In this dream, both of my grandmothers were

sitting at a kitchen table, as well as the sense of other deceased loved ones, and I ran to my grandmother from the previous dream, crying with so much overwhelming love and emotion. She smiled and her crinkly eyes beamed love at me. I threw my arms around her and planned on doing the same with my other grandmother next. This dream showed me the transformation from the previous dream where we had sat at a dinner table cloaked in shadowy and unpleasant visuals and feelings.

There is so much information in a dream if the person unfolds it. In mediumship, when communication is received through inner sight, hearing, knowing, or feeling, the information is unfolded by leaning into it, allowing it to animate, spontaneously playing as if immersed in a movie in response to one's interest. Aizenstat (2011) explained that the purpose of his process of animation was to "look for ways of experiencing dream images in their living, embodied reality" (p. 15). I woke up with the sense that these three loved ones were with me and in having animated their dream presence in meditation, I obtained a new understanding of the two-way influence between the incarnate person's psyche and their relationship with their deceased. Renewing my communication with my loved ones helped me to reconnect with them as a sustaining force. One could also view these presences in my dreams in the Jungian way as inner companions.

Synchronicities

In my personal and professional engagement with grief I have found that synchronicities often provide a profound and numinous experience of the presence of the deceased. In her book *Signs*, Laura Lynn Jackson (2019), a certified medium from Windbridge Institute, talked about how anyone can create a new language with their loved one on the other side through the recognition of signs and synchronicities. "You

don't need a psychic medium to recognize and access the signs that I think of as the secret language of the universe—a form of communication that is all around us every day, available to us all” (p. xv).

In addition to their personification in active imagination, images, whether in dreams or synchronicities, can be worked with through association and amplification. Here, the client's personal associations to the image are joined with its archetypal layers, discovered in the presence and meaning of similar images in mythology, religion, or fairytale. From a Jungian perspective, these cultural artifacts developed over time represent “an involuntary collective statement based on an unconscious psychic experience” (Sharp, 1991, p. 87). The images and motifs found in them are archetypal in nature in that they point to innate unconscious dynamics and common human experiences. The process of amplifying an image to its archetypal presence across time and cultures can help to alleviate the griever's sense of isolation, linking them to the broader human experience and the nature of the human struggle. One might say that in amplification, when an archetypal image and its meaning resonates with the client there is an experience of psychic mediumship between the client's ego and personal experience and the collective unconscious and historical (disincarnate) presence of the collective human psyche.

Aizenstat (2011) elucidated the concepts of association, amplification, and animation with a lion metaphor. If one were to interpret an image of a lion using association, one might make connections to “a trip to the zoo . . . lions in Africa . . . This might remind us of a boss who was particularly mean-spirited. Which might further remind us of our aggressive father” (p. 15), connecting to feelings of a lion could be

amplified as representing “royalty or nobility, like Richard the Lionheart, or The Lion King, or the zodiac sign of Leo. Lions are also fierce protectors. . . . And in many mythologies, lions symbolize the heart” (p. 17). In animating the lion image it “takes on a physical existence, actually present in the room, . . . we are able to actually interact with the lion, talk to it, ask it questions, pet its fur, hear what it has to say, and follow it through its habitat. It’s a full immersion, an interactive experience” (p. 20).

In amplifying the nature of grief itself, the Greek myth of Demeter and Persephone (Madeleine, 2019) reminds me of grief work. In the story, Persephone is abducted by Hades, and her mother, Demeter, longs and grieves for her daughter so much that she causes the world to go barren. Winter represents death and Spring represents rebirth. Demeter’s grief for Persephone aligns with the grief someone experiences when someone dies. One’s world seems to have died with their loved one and is barren of meaning. The bereaved would give anything to have their person back. Persephone could also represent the grieving person by being swept, pulled, to the underworld of grief. Persephone oscillates between the two worlds just as a grieving person may oscillate between extremes of emotion and may feel that they are straddling two worlds, feeling partly dead and partly alive. If there was a long illness and anticipatory grief, the bereaved may relate to both Demeter and Persephone. Grief is like a trip to the underworld. Persephone’s return from the underworld represents the bereaved’s rebirth into a self and world that have both been transformed by the loss. When Persephone and Demeter are reunited, that can be seen as continuing the relationship to the deceased in a new way, whether through keeping their memories alive or through direct and ongoing communication with their spirit. In some versions of the myth, Persephone went to the

underworld voluntarily because of her love and lust for Hades (Mythical Corner Team, 2023). This can be likened to seeking the fruits held in one's unconscious and in other dimensions. Ultimately, the gift Persephone's journey gave her as Queen of the realm of the dead and herald of new life can be seen as representing the medium's straddling of two worlds.

Clinical Applications

Helping a Client Develop a Continuing Bond

In addition to referring a client who wishes to connect with their loved one in spirit to a medium—or to help them continue a connection begun in a mediumship session—a therapist can guide them through a process of active imagination or engage in dream work as discussed above. The therapist can also support the client in trying automatic writing or a letter-writing practice to and from their loved one. The Gestalt therapy empty chair technique (Neimeyer, 2012) can be used in which the client moves back and forth between two chairs, switching between acting as themselves and acting as the deceased. Other ways to continue the bond include creating a memory altar, engaging in a ritual of remembrance, or having a dedicated sacred time with them. For some people this may mean visiting a special place, sitting in silence, or looking at photographs. The client would benefit from a therapist's encouragement during active imagination and letter writing that what presents in their imagination reflects a psychic reality. This is a common hurdle when a client first embarks on the process of active imagination or developing mediumship. Jungian analyst Robert A. Johnson (1986) said,

From my experience, I am convinced that it is nearly impossible to produce anything in the imagination that is not an authentic representation of something in

the unconscious. The whole process of the imagination is to draw up the material from the unconscious, clothe it in images, and transmit it to the conscious mind.

Whatever comes up in imagination must have been living somewhere in the fabric of the unconscious before it was given an image-form by the imagination. (p. 150)

As Hollis (2000) noted, the imagination is the vehicle through which what is beyond the material realm communicates.

If strong affect arises such as the client saying they are feeling fear or sensing their loved one yelling at them in anger, whether in a dream or in active imagination, from a mediumistic perspective, this would not be coming from the spirit person, but would be indicative of their own grieving process and unresolved conflicts from the past in their relationship. No one knows for sure about what happens after death, but through her extensive research with mediums Beischel found that “a major element of the other side is love” (2023, p. 232). Setting aside who is angry—the deceased or an inner aspect of the client—the therapist needs to help the client self-soothe and needs to stay compassionately attuned to the client’s experience, exploring with curiosity and sensitivity the client’s associations to and feelings about the anger toward helping the client resolve the issue or experience underlying the anger.

In helping a client develop a new relationship with the deceased it is important to encourage balance through the ability to close down and live one’s embodied human life. This can mean helping the client focus on how the communication with or presence of the deceased supports them in their daily tasks and in the creation of new relationships. The client can be encouraged to set aside a specific time and duration to connect with loved ones. It is important to respond to and move at the client’s pace, which may mean

supporting them in being patient with and responding compassionately to shifting and sometimes conflicting openness to and longing for the lost loved one's proximity, temporarily drawing very close or distancing, before finding a distance that feels comfortable.

Mediumship abilities, whether one is born with them or not, are often woken up by a traumatic or life-altering event, such as the birth of a child, a near-death experience, or the death of a loved one. In a time when one's bearings have come loose and one feels stranded and disoriented in daily life as if it is an alien reality; having psychic abilities awakened can be frightening. It is important that the therapist not overlook these experiences or mistake them for pathology. Therapists may find themselves concerned about the client's mental health (and the client may be too). However, research has found that most people hear voices at some point in their lives without it being a mental health issue as it can be in schizophrenia (Hathaway, 2016). In fact, recognizing that there is a difference between psychic abilities and psychosis, Yale University employed psychics to help them understand schizophrenia. Their findings pointed to an important distinction that can guide therapists. Whereas schizophrenics tend to be tormented by their voices and suffer from confusion and dislocation from reality, the experience of being psychic or a medium is quite different:

By comparing the psychics' experiences with those of people with schizophrenia and a control group of healthy subjects, the [research] . . . found some clues as to what may be protecting this group of healthy voice-hearers.

“These individuals have a much higher degree of control over the voices. They also have a greater willingness to engage with and view the voices as

positive or neutral to their lives,” Corlett said. “We predict this population will teach us a lot about the neurobiology, cognitive psychology and eventually treatment of distressing voices.” (Hathaway, 2016, paras. 7-8)

If the client is not exhibiting signs of psychosis, it is important that the therapist normalize the experience of hearing voices, feeling or seeing the presence of a deceased loved one, or experiencing powerful synchronicities. The therapist can use mindfulness techniques to help the client feel grounded in their immediate reality and suggest practices—such as journaling or drawing their encounters—that can help contain the client’s non-ordinary experiences.

Learning Mediumship

Although it may not be common to be called to develop mediumship skills, I believe that anyone who has the desire can. I teach two programs of mediumship development. One is for people who want to serve the spirit world and build up to reading professionally. This course includes the mechanics of mediumship, spiritual philosophy and ethics; the basics of grief; signs that a sitter needs a higher level of care; and how to refer to a therapist. The other course is for people who are grieving and would like to learn to connect more deeply with their loved one for their own healing journey and live a more soulful life, rather than to read for others in a professional capacity. I am developing a course for therapists to learn the basics of mediumship so they can better support their clients who are having mystical experiences or are interested in seeing a medium.

It is often difficult for a beginning medium to discern when they have dropped out of their *power*—the altered state of consciousness where mediumship occurs—and are

streaming information from their own imagination or personal unconscious. Gee (2021) referred to this altered state as the “the spiritual fuel” needed to do mediumship and psychic work and the transformation of the self from a physical being to a medium. Another common hurdle is when the medium questions every piece of information, latching onto it with their conscious mind for analysis instead of letting it flow. When a person is in their conscious, thinking mind, they have dropped out of their power. In mental mediumship the conscious mind is aware, but it needs to be passive, allowing communication from spirit to flow through, unimpeded. The remedy for any hurdle in mediumship is to do inner work by meditating and sitting in the power (Reynolds, 2020, p. 37).

There are three stages of sitting in the power of Spirit. The first and most important for a newly developing medium is to sit in silent meditation with one’s soul, expand one’s energy, also called aura, or power, to get to know themselves as a soul and spirit. This also allows the medium to begin to understand what their energy feels like, so they can discern when a spirit person enters their aura. The next step of sitting in the power is to attune to the divine, to blend with Spirit, the power, the divine source, that runs through everything in the universe; to blend our soul and spirit with the spirit of all that is. It is important to enter this attunement without expectations and to surrender. This is a state of divine unconditional love, bliss, and peace—a feeling I was desperately seeking in drugs, alcohol, and other addictions, but could never achieve.

The third stage of sitting in the power is to attune to the spirit world. Here one holds the intention of communicating with loved ones or spirit guides or, if reading for someone else, their deceased loved ones. Sitting in the power is a place to learn, to

receive healing, to allow loved ones, guides, and future spirit clients to help develop your mediumship, and get to know you and how your mediumship works so they can better communicate with you.

Mediumship development requires inner work. I recognized the correlation between personal growth, healing, and mediumship development through my personal experiences and later heard it echoed through many different mediumship teachers and mentors, including Mavis Pittilla. I mentored under Pittilla, as well as mediums Annie Gee, Kay Reynolds, and Danielle Searancke (n.d.), all who also mentored under Pittilla and who share the observation of mediumship and personal healing being parallel and interwoven paths. Medium and mentor Kay Reynolds (2020) said, "Almost all wobbles in our mediumship are a reflection of our personal soul development. If only I had a nickel for every time a tutor told me, 'Kay, you need to work on yourself some more'" (Reynolds, 2020, p. 35). She continued, "if you have trust issues when giving a reading, it's a direct result of what's happening to you on the inside. So, off I'd go, to sit alone in quiet contemplation—and sometimes, sit with my guide in silence" (p. 130).

Roadblocks in one's mediumship reflect one's personal development, such as not trusting oneself, or feeling shy or inadequate. The nervous system is activated in mediumship, and one must find the delicate balance of being relaxed yet primed for action—the parasympathetic and sympathetic branches of the nervous system both engaged. The parasympathetic is the "rest and digest" system that "predominates during quiet, resting conditions," whereas the sympathetic system "predominates during emergency 'fight-or-flight' reactions and during exercise . . . to prepare the body for strenuous physical activity" (McCorry, 2007, para. 15). The elevation of energy and

resulting activation of the sympathetic nervous system in a medium with a history of trauma can cause them to blow out of their window of tolerance and into a state of fight, flight, or freeze. By working to widen their window of tolerance when encountering triggers of emotion in everyday life, one can learn to tolerate and access the state of mediumship more easily and for longer periods of time, remaining in the optimal arousal zone. Developing intuition—which arises from unconscious perception and knowledge presenting itself to awareness (Sharp, 1991)—involves learning to identify all of one’s physical sensations, mental processes, and emotional states, and trust one’s feelings. This process naturally connects one to the Self and supports one’s path of healing, spiritual awakening, and individuation.

Ecotherapy challenges the limited notions of the human-centered view of reality to engage a psyche that extends beyond the human (Buzzell & Chalquist, 2009). This expansion of awareness supports connection with one’s transpersonal and transcendent Self, one’s lost loved one, one’s capacity for mediumship. Smith (2007) said that Jung sought times in nature where he “felt he could touch his core, the Self, recharge and renew himself and his vision, and heal from the strains of living. . . . He meditated and engaged the spirits through active imagination and analysis of his dreams” (p. 99).

In my personal experience and as a medium, nature is a prime place for signs and synchronicities, and research has shown it to improve mood and support healing from trauma (Welsch, 2023). One can go to nature with a question and watch what occurs around them. To support a client in partaking of nature’s psychospiritual benefits, a therapist can encourage them to engage in mindful breathing, pay attention to their senses, and journal to reflect on and deepen their experience.

It is important to honor and tend the Earth and engage in a caring, balanced relationship of giving and receiving. In Indigenous cultures “the universe was experienced primarily as a presence to be communed with and instructed by, not a collection of natural resources to be used for utilitarian purposes” (Berry, 2010, para. 3). One should be cognizant of the Indigenous history of the land one is on and respect any practices that may be from a culture other than one’s own.

Guidelines for Therapists

Guidelines for therapists to follow to support a client who is developing mediumship to connect with their own loved ones include respecting their beliefs and choice, encouraging their patience with skill development, and helping them process self-beliefs that might undermine their efforts. It is important that this is client led. For all clients, it is important to welcome and show respectful interest in dreams, synchronicities, and other numinous experiences that they bring into therapy.

A therapist can help a client who wishes to connect with their loved one in spirit by using guided imagery meditations, guiding them through a process of active imagination, engaging in dream work, or assisting the client in a letter-writing practice to and from their loved one, or using empty chair work. A therapist should always have adequate training before using a new therapeutic technique and clients should be screened for the fit for the exercises. A client who has experienced psychosis should probably not engage in these practices. The client would benefit from a therapist’s encouragement during active imagination and letter writing that they cannot make it up, that the information must come from somewhere, whether the source is interpreted as coming from the unconscious or from the spirit world.

Often people who have experienced developmental trauma do not trust themselves as they may have had to hide their true feelings to be safe, causing a disconnect and in some cases dissociation from their lived experience. Sometimes supporting a grieving client in working with a dream visitation or a synchronicity, showing validating interest in their experience, can be a step toward helping them develop self-trust. This can also be a factor in helping a client check in with their felt experience and use their discernment in how they relate to a mediumship session.

Therapy as a follow-up to process a client's mediumship session should include a focus on how the communication experience may have altered their relationship with or feelings about the deceased, their self, or other relationships. To support a client who has had a bad mediumship session, it is crucial to ask open-ended questions that help the client contact how the communication felt in their body, explore their felt experience and the meaning or images that associate to it, and trust their own discernment. The client has lost a loved one—an important relationship; it is crucial that in the grieving process and in creating a new relationship with the loved one they do not also lose their connection to their own sense of self and what feels true to them. For clients who do not trust themselves, or who have an insecure attachment to self, processing a bad mediumship experience can be aimed at supporting their development of a more secure sense of self and of a continuing the bond with their loved one on their own terms. This captures the essence of spirit therapy—healing through deepening the relationship with one's inner soul and spirit, spirit loved ones, and the Spirit in all.

Chapter IV Summary and Conclusions

Summary

This research has focused on addressing how the combination of mediumship, and depth psychological therapy might help support grieving clients. Chapter II found that grief impacts every area of the bereaved's experience (Worden, 2009). Mourning was distinguished from melancholic grief (Freud, 1917/1961) and from prolonged grief disorder (Godman, 2022). The process of grieving (Kübler-Ross, 1997; Worden, 2009) was reviewed. The theory of continuing bonds with the deceased was discussed (Cann, 2020; Klass et al., 1996), and the Jungian foundation for connecting with that which transcends the self was presented (Chen, 1997; Jung, 1961/1963, 1921/1971).

In Chapter III I illuminated how a partnership between mediumship and therapy can support a grieving client's healing and individuation. I discussed the psyche's innate mediumship via dreams and synchronicities. I discussed learning mediumship as contributive to individuation. I illustrated the transformation of prolonged grief via the healing potential of continuing bonds and discussed related clinical guidelines.

Implications of the Findings

The findings suggest that in working with client grief, a depth psychological approach that encompasses spiritual experience and an ongoing relationship with the deceased can be important to healing and psychological growth. In education and training that focuses on cognitive, emotional, and behavioral aspects of mental health, practitioners receive little theoretical or practical grounding to help them recognize or

engage with a client's spiritual needs. This may be especially true for afterlife topics as they are outside the purview of Western culture's focus on scientific evidence. In my experience, if afterlife beliefs and spiritual experiences are not specifically introduced by the therapist, clients often are hesitant to bring these subjects up. Yet, my findings indicate the importance of these topics to grieving clients and their healing process. The research also suggests that continuing bonds with the deceased can be understood and engaged with whether they are conceptualized as real or imagined. Moreover, when clients seek help from a medium, it is crucial that therapists are prepared to engage with the client's experience with respect, compassion, and depth psychological tools.

Recommendations for Further Research

More research is needed to understand the effects of mediumship readings on bereavement (Beischel, 2023), especially for grievers with insecure attachment. Research is needed on the efficacy of ways in which therapists can help clients process their encounters with dead loved ones. Understanding of the healing nature of continuing bonds might benefit from studying the relationship the bereaved have with the dead in other cultures. Western grief theories stress the goal "of reintegration [into life] without the deceased" (Cann, 2020, para. 1). They adhere to

cues from the Protestant notion that the dead no longer occupy space in the living world, in contrast to many other religious worldviews that view the dead as occupying the world of the living in an altered state, or occasionally interacting with the living on specific religious holidays. (p. 14)

How in such cultures is the presence of the dead in the material world perceived, how does it affect the grief process, what is its impact on mental health—what can we learn?

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