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Crisis Impressions: A Historical and Conceptual Review

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Abstract: A crisis impression is a perceptual anomaly occurring when a person (an *experiencer*) stops their usual perceptual patterns and perceives, knows, feels, or otherwise senses something unusual—without any sensory or otherwise normal clues—when someone else at a distance (an *agent*) is facing death or endangerment. Crisis impressions are spontaneous and thus difficult to study prospectively or in a controlled manner. In this review, we provide a history of the sparse retrospective crisis impressions research and a brief discussion of the estimated prevalence of the phenomenon, then offer an in-depth analysis of several variants of these impressions: hallucinations, dreams, mental impressions, physical symptoms, death-bed visions, and sensed presences. We wrap up by providing an overview of the understudied but intriguing factors that may influence crisis impressions—gender, relationship, state of consciousness, geography, and proneness to experience—and point out what we believe to be the most intriguing questions to motivate future work leading to a better understanding of crisis impressions.

Keywords: death, survival of consciousness, afterlife, after-death communication, telepathy, danger

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This paper reviews the existing research on perceptual experiences that we call *crisis impressions*. A crisis impression occurs when the attention of the *experiencer* is abruptly arrested, in a manner they may never have experienced, at a time coinciding with the death or endangerment of someone else (the *agent*) at a distance. One clear example of what we mean is the following account, provided by Toronto journalist Susan McClelland to this paper's first author:

I was walking to the Danforth [a main street] after dropping my daughter off at school. I saw my uncle walk past me and head to Chester Subway. He looked about thirty-five. I thought, '*that's my uncle.*' I stopped in my tracks. I nearly followed him, but then thought, 'no that's crazy.' My uncle has had Lewy Body's dementia for the past ten years and is confined to a bed. When I got home, there was an email from Dad. My uncle had died that afternoon.

Reports of such perceptions occurring when people are near death (or in danger) are surprisingly common. In a general population survey conducted in Germany, for example, crisis impressions were identified as having occurred to 18.7% of respondents (Schmied-Knittel & Schetsche, 2005). In the UK, a 5-year retrospective survey of hospice staff found that more than half of respondents were aware of coincidences, "usually reported by friends of family of the person who is dying, who say the dying person has visited them at the time of death" (Fenwick et al., 2010; p. 175). These synchronicities can serve as the first intimation that death has occurred. They may feature a brief visual hallucination, the hearing of a voice, a vivid—often repeating—dream, or the sudden onset of an urgent conviction that compels action, such as interrupting a trip and driving home or frantically making a phone call. Psychiatrist Hans Berger, inventor of the EEG, first developed the device in Austria in order to track the electrical currents in the brain that might somehow have enabled his sister to become aware that he was in danger when she lived a day's ride away. Apparently, she'd persuaded their father to send an urgent, inquiring telegram within

hours of Berger's near-fatal collision with a horse-drawn cannon (Millet, 2001).

From a research perspective, it has been difficult to conceptualize crisis impressions due to an unsettled vocabulary. The occurrences of this phenomenon have been referred to, variously, as "crisis apparitions," (e.g., Evans, 2002), "telepathic impressions" (Stevenson, 1970), "death coincidences" (Fenwick et al., 2010), "phantasms of the living" (Gurney et al., 1886), and "crisis ESP" (Schmied-Knittel & Schetsche, 2005). Sometimes, the phenomenon has been swept up into broader categories including "after-death communication" or "grief/bereavement hallucinations" (e.g., Streit-Horn, 2011; Woollacott et al., 2022). It should be emphasized that the terms are not precisely synonymous.

Crisis impressions as a distinct perceptual anomaly have been noted throughout history in multiple cultures using myriad terms. Anthropological accounts describe them as occurring through "second sight" in Scotland (Cohn, 1999) and as *taidhbhse* (pronounced *taish*) in Ireland: "To see the double at night implies the death of the person seen" (Spence, 1945, p. 80). The Bretons of France would call such experiences "intersignes" (Badone, 1987). The Yoruba of Nigeria dub those who die and reappear "akudaaya" (Oṣanyinbí & Falana, 2016). In China, this capacity is attributed to people who have "Yin-Yang Eyes" (Emmons, 1982).

The foundational study of crisis impressions took place in the late 19th century when Cambridge scholars Edmund Gurney and Frederic Myers, along with colleague Frank Podmore, began collecting data for a British survey of 'hallucinations in the sane' (1886). The researchers solicited 5,705 responses from newspaper readers, mainly comprised of the professional and upper classes, by posing the question: "Since January 1, 1874, have you—when in good health, free from anxiety, and completely awake—had a vivid impression of seeing or being touched by a human being or of hearing a voice or sound which suggested a human presence when no one was there? Yes or No?" Further correspondence revealed that 401 of the 702 affirmative replies pertained to the death or distress of someone known to the percipient. Because the researchers were interested in exploring *telepathy*—

a word that Myers cobbled together from Greek words for ‘distance’ and ‘feeling’—this particular result caught their attention. They decided to focus on cases where the death or danger had occurred twelve hours around (before or after) the percipient’s experience of the hallucination. They clarified that, “no experiences of any sort—even though otherwise admissible as following within the 12 hours’ limit—have been included in our telepathic evidence, if the fact of the death was already known to the percipient” (Gurney et al., 1886, p. 512).

A characteristic account in their collection, which they published in two volumes titled *Phantasms of the Living*, was provided by a Mr. Timothy Cooper of Seaton Carew, who described being busy at work when,

I was going down into the cellar to fetch butter for a customer, and as I was on the top step, I saw my father standing at the bottom of the cellar steps in his shirt and night-cap, and he seemed to walk into the cellar. I went down and fetched the butter and looked for my father, who was nowhere to be seen. (Gurney et al., 1886, p. 40)

His father was, at this time, dying 250 miles away at Amersham.

Gurney et al. (1886) were struck by the similarity of the reports they received, given the wide and rich body of folklore about the supernatural that their subjects had access to in Victorian England. They reasoned that if people were eager to confabulate, or even misconstrue events or err in their memory, they had numerous symbols, stories, and fables to draw upon, but they didn’t seem to do so. No reports came back of headless horsemen, fairies, spooky castles, or Dickensian variations on the ghosts who haunted Scrooge. As they wrote, “The facts themselves have no special affinity with any particular form of faith; they are not facts in a belief of which anyone is specially brought up.” Indeed,

the idea of apparitions at the time either of death or of serious crises in life has no established vogue... The class of apparitions and impressions which have corresponded with the death of the “agent” has only been vaguely recognized; the class which have corresponded

with a state of passing excitement or danger can hardly be said to have been recognized at all. (1886, p. 121)

As several researchers in the 20th century have also found, there is a surprising consistency to the nature of this reported experience. The perceptions are brief, unembellished, mostly wordless, more often visual than auditory—which is the reverse of typical pathological hallucinations (e.g., Aleman & Larøi, 2008)—and involve close relatives more often than strangers or acquaintances.

One interesting finding is that crisis impressions seem disproportionately related to sudden or violent deaths, as we shall see. This raises interesting possibilities about the etiology of folklore beliefs regarding the ‘restless spirits’ of murder victims, the drowned, and deaths of despair (suicides). Another surfaced pattern is that men have been more likely to feature in these impressions than women, which is to say, it is more often a male who has died or faced danger that is perceived than a female. In terms of relationship between percipient and the subject perceived, people are more likely to report becoming aware of parents and grandparents dying than any other group. In one analysis of German, British, and American case collections, it was found that mothers are ten times more likely to ‘appear’ to their children at the moment of death than the other way around (Schouten, 1982). This last point is curious, given that the dominant psychiatric explanation for perceptual phenomena around death is “grief hallucination.” If these perceptual anomalies are a product of what Freud first called “hallucinatory wishful psychosis” brought about by intense grief (1917/1961, p. 244), then one might expect grieving parents to conjure images of their deceased children. Yet, over time, the anecdotal data has pointed in the opposite direction. A male grandfather or father, dying abruptly, is the likeliest ‘ghost’ we humans, apparently, are prone to encounter. (Needless to say, this raises interesting questions about culture, gender and attentional bias that invites further inquiry.)

What follows is an overview gleaned from the historical literature of prevalence, characteristics, and variants of this phenomenon.

Prevalence

A sizeable body of cross-cultural research establishes the prevalence of reported encounters with the deceased (sensed, seen, or heard) at between 40 and 55% of the bereaved (Steffen & Coyle, 2012). How many of these experiences occur as a crisis impression is unclear. There are pockets of data from all over the world. Anthropologist and sociologist Charles Emmons conducted a random telephone survey of the citizens of Hong Kong and found that while 50% *believed* in both “ghosts” and “ESP,” only 4.1% reported a personal encounter, a handful of which were crisis impressions (Emmons, 1982). In Piccinini and Rinaldi’s household survey of the inhabitants of an Italian city, hallucinations in healthy people pertained almost entirely to death and crisis. Further, 76% took action of some kind in response to their seemingly synchronistic awareness (Piccinini & Rinaldi, 1994). A study of Second Sight primarily in Scotland revealed that among those who report it, 30% have had a “vision of a person recognized before, at the moment of or after death” (Cohn, 1999, p. 136). A German study of psi (psychic) experiences in the general population found that ‘crisis ESP,’ defined as experiencing “strange things happening at exactly the same time someone died or had an accident elsewhere,” had occurred to 18.7% of respondents (Schmied-Knittel & Schetsche, 2005, p. 11). In Iceland, 86% of subjective encounters with the deceased served as the first gleaning that a death had occurred (Haraldsson, 2012). In the UK, 37% of the general population reported having had a paranormal experience, with 10.4% reporting what they characterized as an after-death communication, but how many of these are crisis impressions is unknown (Castro et al., 2014). A more recent multinational survey found that of those who reported an after-death communication (ADC) to the researchers, 20.7% identified them as a “crisis ADC” (Elsaesseur et al., 2020).

Conceptualization is likely an important factor in how these data get collected. As one Chinese respondent said to Emmons, “I don’t believe in just any ghost. But I believe in Grandma” (1982, p. 33). Crisis impressions,

moreover, don't always take a ghostly form. They can occur as dreams, convictions, or physical symptoms, as we will discuss. Thus, asking an experient who seemingly becomes aware of a death in these other ways whether they have ever "seen a ghost" will yield a circumspect response. Likewise, a complete review of the database of reported religious experiences maintained by the Alister Hardy Trust in Wales turned up relatively few reports of what we are calling crisis impressions by key word search. Is it, strictly speaking, a religious experience to become aware that a loved one has died? In addition, a survey of British counsellors, psychologists, and psychotherapists regarding synchronicity in the therapeutic setting reported that 44% of respondents had experienced meaningful coincidences with their clients (Roxburgh et al., 2016). To what extent synchronicity sheds phenomenological light on crisis impressions, or vice versa, may call for consideration.

A Brief History of the Research

In 1889, wishing to expand upon the work done by Gurney et al. in *Phantasms of the Living* (1886), London's Society for Psychical Research (Sidgwick et al., 1894) recruited 410 volunteers to each ask at least 25 British adults from various walks of life the question: "Have you ever, when awake, had the impression of seeing or hearing or being touched by anything which, so far as you could discover, was not due to any external cause?"

Ten percent replied that they had. Face-to-face interviews yielded a subset of crisis impressions, as well as 130 instances of collective experience of such impressions. Five other countries participated in this Census of Hallucinations: the U.S. (organized by the psychologist William James), France (overseen by psychologist Leon Marillier), Germany (by Max Dessoir), Russia, and Brazil, resulting in 44,329 responses in total. Each survey echoed the others. A subset of cases involved hallucinations corresponding with an (as yet) unknown death, most frequently occurring

within days or hours of the event, as later ascertained by post or telegram (Sidgwick et al., 1894).

In the *Virginia Magazine of History and Biography* in 1903, the biography of a local luminary from the 18th century makes reference to his in-law perceiving “General Minor in the gallery upstairs—yet he was sure it was only his ghost.” The perception corresponded with the actual time and date of the general’s sudden demise elsewhere in the state. About this, the biographer notes that,

there was no ghost, nor was there anything supernatural in McFarland’s vision. The art of photography and wireless telegraphy in the physical world prepares us to believe that on a mind peculiarly sensitive, impressions may be made by physical facts at a distance. (Barker, 1903, p. 437).

In other words, the men at the turn of that century who investigated hallucinations were as much influenced by the implications of scientific invention as by what we retrospectively tend to view as a faddish spiritualism. They were equally intrigued by Freud’s concept of the unconscious mind, newly translated into English, and the prospect of subliminal communication (e.g., Blum, 2007).

The Census of Hallucinations laid the groundwork for our subsequent understanding that hallucinations can be non-pathological. In reporting to the 1894 International Congress of Psychology, French researcher Marillier offered two conclusions: (1) there are indeed hallucinations in healthy subjects that differ from those in the mentally ill and (2) given the percentage of first-hand reports of coincident hallucinations, the probability of telepathy had to be admitted (Le Malefan & Sommer, 2015). At the time, the fledgling field of psychology was attempting to establish itself as a science, and wanted to distance itself from matters of inquiry that might be deemed mystical or superstitious. The hallucination surveys were, therefore, largely ignored (e.g., Blum, 2007).

Shortly before his death in 1925, the Dublin physicist Sir William Barrett documented visual hallucinations of the deceased as experienced by

the dying, also a ground-breaking area of research at the time, with scholarly contributions by James Hyslop in the U.S. (Alvarado, 2014; Barrett, 1926/2011). In 1922, the French astronomer Camille Flammarion published *Death and Its Mystery, Volume II: At the Moment of Death*. Flammarion had amassed his own collection of more than 5,000 written accounts of anomalous experiences around death between the 1880s and 1920, drawing primarily from a non-English populace—French, Russian, Spanish, Italian, and Polish. These included a number of reports from the World War I period, due to soldiers' experiences with sensed presences on the battlefield. These WWI experiences were later explored by military historian Tim Cook in his essay, "Grave Beliefs" (2013). "The psychic occurrences here investigated show us, beyond doubt," Flammarion argued, "that at the moment of death a subtle shock, unknown in its nature, at times affects those at a distance who are connected with the dying in some way" (1922, p. 164).

In the 1930s and '40s, scientific interest in perceptual anomalies turned toward laboratory experiments, but a collection of 1,000 first-hand accounts of 'spontaneous ESP' was gathered by the University of Freiburg, Germany, in the 1950s, where it is known as The Sannwald Collection (Sannwald, 1961). Another group of 1,500 cases was solicited in Switzerland at around the same time and analyzed by psychologist Aniela Jaffe at the request of Carl Gustav Jung (Jaffe, 1963). In the US, a collection begun in 1948 by Louisa Rhine would eventually tally over 10,000 submissions by 1970, housed at the Rhine Research Center in Durham, North Carolina (Schouten, 1982).

University of Virginia psychiatrist Ian Stevenson (1970) analyzed some of these data sets, with a particular interest in non-hallucinatory convictions—the sudden intuition that something has happened—which he called "telepathic impressions." Stevenson then personally investigated 35 new cases, carefully soliciting witness accounts of the original report. At around the same time, the UK researchers Celia Green and Charles McCreery examined apparition experiences, garnering useful data about when and where these tended to occur (Green & McCreery, 1975).

From the point of view of the experient, as Charles Emmons discovered in Hong Kong, there is no real difference between a ghost at point of death and one that is seen a week or a month later. What is meaningful to the experient is their relationship to the vision, be it a manifestation of parent, spouse, or friend. It may be their first source of awareness that their relation has died, or it may not be. It is only researchers, preoccupied with evidentiary issues, who emphasize that distinction. In the ensuing decades, scholarship pertaining to subjective experiences of the bereaved have tended to focus on after-death communication experiences, or grief hallucinations. For the most part, this has been research conducted for the counselling community, with an interest in the impact of reported postmortem encounters on grief recovery. Lost in the shift to bereavement studies have been the instances of awareness of crisis and death by non-local means that initially alerted 19th century researchers to something more conceptually elusive than Freud's wishful psychosis.

Variants of Crisis Impression

With spontaneous anomalous or extra-sensory perception (ESP) in general, there is a consistent distribution of experience types that cross boundaries of culture, language, and age. Dreams predominate, followed by intuitions, compulsions or impressions, and then a smaller preponderance of hallucinatory experiences (e.g., Fenwick et al., 2010; Schmied-Knittel & Schetsche, 2005; Schouten, 1982; Stevenson, 1970). It's important to note that each of these types feels subjectively different to the experient than do ordinary dreams or intuitions.

Crisis impressions have been reported as a subjective experience with the following variants which will each be discussed in turn:

1. Visual or auditory hallucinations (of the 'agent' in crisis)
2. Experiences during dreams or other non-ordinary states of consciousness ('borderland')

3. Mental impressions (inner visions, emotions, convictions)
4. Physical symptoms (illness, weakness, sensation of injury)
5. Death-bed visions (the dying experiencing the newly dead)
6. Sensed presences (the vivid awareness of someone present yet unidentified)

1. Hallucinations

Between 10 and 15% of the healthy population reports having had at least one visual or auditory hallucination in their lifetime (Sidgwick et al., 1894; Tien, 1991). A number of these non-pathological perceptions appear to occur in relation to death and crisis within families. Green and McCreery (1975) found that approximately a third of all recognized apparitions were those of the living, while two thirds were known to the percipient to be dead. Crisis impressions would, by necessity, fall into the category of the living, even if the person was newly dead. In other words, the percipient would assume they still lived.

Consider the following account, provided to the first author, which is the only visual hallucination the percipient is aware of having had:

The day my uncle died in 1994, I was driving between Newton, Kansas, and Kansas City, and in the darkness above the road I saw Uncle Jack's face in a bubble. He was smiling, and I felt the most calm and joy of my life, like the high of some magical drug. No worries could exist. After some time (I don't know how long) the image dispersed. On reaching my mom's house, she answered the door in tears... He'd died of a coronary at 66! I told her and my sisters about my experience. Nobody believed me.

The most common type of hallucination in this context is purely visual, followed in reported frequency by auditory and then tactile. There are two notable aspects to this. One is that people reporting hallucinations that might otherwise be deemed to be speculative reconstructions of experiences after a death or crisis *consistently* report a preponderance of

visual over auditory hallucinations. This pattern holds over the span of 120 years and across various countries. Secondly, in clinical populations, hallucinations associated with mental illness are predominantly auditory (Tien, 1991). So, for whatever reason, there is a reversal in hallucinatory type. One possible explanation is that people are more startled by a visual hallucination, and pay more attention, whereas they might dismiss something auditory as merely a misidentified sound.

Visual hallucinations in connection with crisis or death are vivid, yet fleeting. In the main, as noted by Carlos Alvarado, “the figure is human, the figure is alone, it interacts in realistic ways with the environment, it appears only briefly, it is solid and life-like, has normal clothing and rarely speaks” (Alvarado, 1994, p. 140). Although the hallucination can be partial, featuring only a face, those that are full are often assumed by the percipient to be real, and not hallucinations at all. Several researchers found cases where the percipient followed after the figure and grew puzzled when they couldn’t find them (Flammarion, 1922; Gurney et al., 1886; Haraldsson, 1989, 2012; Pearson, 2014). For example, the Canadian soldier William Bird wrote of encountering his brother in the trenches of France during World War I. His brother, whom he did not realize had been killed on another front, woke him up in his tent and bade him follow along for several yards before vanishing around a corner. Bird’s tent was then hit by a shell (Cook, 2013). In Smith’s replication of the 19th century Census of Hallucinations (2014), she found 17 experiences in which the percipient did not realize that an apparition was not a real person. She makes the observation that perhaps we have more of these anomalous perceptions than we are aware; if we don’t recognize the figure, then we never draw the inference that they aren’t materially present (Smith, 2014).

The majority of auditory hallucinations consist in simply hearing one’s name called. Here is an example, recorded in a letter to a fiancé shared with the first author:

an experience which I had this morning early, of suddenly awakening to the sound of my name. I thought it was you, and was not surprised, only annoyed that I had awakened so completely that I could hear no

more than a few vague words. I wondered what had enabled you to reach me. Whether you had first received a letter, or whether there was something wrong, for there was a note of desperation—no, not desperation—but pain in the call. It disturbed me all day, because I, too, feel so helpless over here. But I've just discovered that it wasn't you at all. It was my mother. I have just this moment been talking to her. She told me that early this morning a great friend of hers and mine died very suddenly, about five. Mom said she wanted me desperately because Dad was away and she was terribly alone.

Out of 1,087 visual hallucinations reported to the British Census of Hallucinations, 95 were perceived by more than one person. Similarly, of 493 reported auditory hallucinations, 34 were collectively witnessed. (Sidgwick et al., 1894).

Finally, it is worth noting that in the British Census of Hallucinations, the researchers were able to identify and investigate 80 cases with corroborated evidence (e.g., written documentation, witnesses) that the hallucination corresponded with an unexpected death. An additional 17 corroborated cases corresponded with injury or illness (Sidgwick et al., 1894).

2. Dreams and Borderland Visions

Vivid dreams and sudden awakenings are often reported in relation to crisis impressions. They are also the most common form of spontaneous psi experience (Rhine, 1981). “By far the most common way for the dying to make their farewell visits was during a dream, or when the person suddenly awoke with an overwhelming realization that something was wrong, or that someone was trying to contact them,” note Peter and Elizabeth Fenwick. Sixty-six percent of the Fenwicks' cases fell within these two states of consciousness (Fenwick & Fenwick, 2008, p. 21).

Dreams of this type are not experienced as ordinary dreams. Rather, as one experient said to the first author in a personal communication, “It's

the feeling that accompanies these things that impacts me. I felt compelled to investigate, not ‘huh, that was a weird dream.’ It’s different, deeply.”

Sometimes, the dreams are precognitive, in that they take place several hours or days before the actual death or accident, but contain a detail that startles the dreamer when the real event occurs. Whether these should be included in a discussion of crisis impressions, given the longer timeframe, is a matter for further discussion. In accounts we reviewed at the Rhine Research Center, those dreams that pertain more immediately tend to repeat -- causing the dreamer to awaken and take action. In one case from the Rhine Research Center collection, for example, a husband dreamed three times during one night, that his wife said she was leaving him and the children “for good.” In the morning, he asked her not to take a planned drive to Chicago, but she dismissed his anxiety and was almost fatally injured in an ensuing collision with another car.

The import of these dreams can be disorienting. Another Rhine Research Center case involved a letter describing one woman’s recurring dream about her husband’s critical injury and hospitalization and how she felt when she discovered that the dreams correlated with reality:

I suddenly realized that I was standing exactly where I had been (in the dreams) when I first looked upward, my palms were pressed against my cheeks and I was staring wildly about at the walls of the stairwell trying desperately to get my mental feet upon solid ground, my world back into proper perspective. (Mrs. Russell Smith, Rhine Research Center, 1948-1970)

It should be noted, indeed, that the implications of a crisis impression of any kind are unsettling to the experient. One man recounted to Peter and Elizabeth Fenwick (2008):

When I was eighteen, I was in the Merchant Navy crossing the Pacific Ocean on the way to Australia. One night I was on my bunk reading a male magazine—*Mayfair* or *Playboy* I think. I looked up and my grandfather stood next to me, looking at me. Well, I shot off the bed, I

did scream, and he was still there looking at me, I ran for my life up to the bridge shaking like a leaf (p. 73).

The man, Derek Whitehead, would later learn by post awaiting him in Australia that his grandfather had died that night. “I don’t know what these things are—fantasies, dreams, wishes, delusions—I don’t like them. They make my sense of reality wobble” (Fenwick & Fenwick, 2008, *ibid*).

Sometimes, dreams seem to merge with waking visions. On other occasions, the crisis impression rouses a person from deep sleep. One frequently hears descriptions of “sitting bolt upright.” In a survey study of apparitional experiences in the UK conducted by Green and McCreery (1975) it is noted that,

in a quarter of all the cases received, the percipient stated that the experience occurred just after waking, usually in the night rather than at the time they would wake up in the morning. A quarter of participants reporting these experiences claimed they were woken up, suggesting an external cause, rather than they just woke up. In the majority of cases the percipient saw the apparition as soon as they woke. (Smith, 2014 p. 35)

The perceptual overlap between dreams and hypnogogic states is evident in the following British account from 1989:

I woke up crying at 3 o’clock in the morning after a very ‘real’ dream in which (my ex-husband) Vincent was sitting on the end of my bed and telling me not to cry anymore and that it was all over and that he was finally at peace. I got up, ‘on automatic,’ did some work I needed to do, two clients phoned me around 8 o’clock and I freaked them out completely as I told them I would be taking some time out because my husband had just died.

She didn’t yet objectively know this to be true, but—nevertheless—she knew it was. “I went over to his flat with Merlin, our dog,” found the body, and called the police. “The coroner’s report was that Vin had indeed died around 3:00 a.m.” (Fenwick & Fenwick, 2008, p. 63).

Of borderland cases, Gurney et al. (1886) wrote:

Considering how small a portion of our waking life is included in the few moments after waking from sleep, or even in the short periods of wakefulness that normal healthy persons pass in bed, it is remarkable how large a proportion of our veridical examples (a number little less than the total of dreams, and amounting to about a fourth of the externalized waking cases) fall within these seasons (p. 539).

Over a century later, the Ganzfeld telepathy research affirms that borderland states of consciousness are most conducive to receiving subtle information (e.g., Vernon, 2021). The Jungian psychologist Amelia Jaffee, reviewing a collection of Swiss apparition encounters, argued that dreams took us to “an inner psychic realm” in which the elements of time—past, present, future—mingled together in a “spaceless and timeless state” (Jaffee, 1963, p. 158).

3. Mental Impressions

The least studied and yet, arguably, most common form of crisis impression is what Gurney et al. (1886) initially called “impressions of an ideal or inward kind” (p.187). These experiences are far more vivid and acute than a word like ‘impression’ suggests. Indeed, the feeling of conviction that characterizes them often prompts urgent action. Of all crisis impressions, they are the most likely to prompt the percipient to react in some manner that is witnessed by others, according to psychologist Sybo Schouten (1982). Here is one of the early cases:

I awoke one morning painfully impressed by the idea that something was amiss at my sister’s (in Ireland); could not guess what it was—whether illness, danger, or accident. By being exceedingly uneasy, and convinced that something had happened, I wrote at once to inquire whether all were well. A letter from her crossed mine, telling me that she had had a great alarm, and had been in danger on that night, for that a beam of wood had become ignited, and unknown to anyone had

been smouldering for some hours, and had it proceeded any further unseen, they might not have been able to save the house, nor perhaps even themselves. (Miss Caulfield, Hyde Park Mansions, London, 1883, in Gurney et al., 1886, p. 360).

University of Virginia psychiatrist Ian Stevenson (1970) analyzed 160 corroborated cases of what he called telepathic impressions, sourcing them from *Phantasms of the Living*, *Proceedings of the Society for Psychical Research*, *Journal of the American Society for Psychical Research*, and the *Bulletin of the Boston Society of Psychic Research*. The nature of the crisis in the 160 selected cases was:

Death or dying	41%
Danger	41%
Not dangerous	18%

Sudden, violent, or accidental death correlated with ‘telepathic impressions’ more commonly than death from prolonged illness (37 versus 15 cases). Over half (52%) of percipients took action beyond merely telling someone or writing it down. They were more likely to do so, Stevenson found, if the agent—or person in distress—was focusing on the percipient at the time. “Agent focusing was a more significant factor than seriousness of the situation,” Stevenson reported, in whether a percipient responded to the impression they had with changed travel plans or a communication (Stevenson, 1970, p. 26).

In 56 cases, or roughly a third, the percipient could not identify *who* was in danger or in distress, yet still they responded decisively. One of the most remarkable examples of this is a man who gave his report to Gurney et al. (1886, as cited in Stevenson, 1970) about being at a lecture, perfectly content and focused, when he suddenly felt compelled to rise, walk to the exit on the other side of the lecture hall, and go home without questioning himself in the slightest, only to find his three-year-old son unattended in a house fire. We noted similar cases of blind compulsion in the Rhine Research Center collection. And here is a contemporary example presented to the first author:

My husband and I had been standing in line at a store, to buy a computer. We had been there forever because the queue was so long for Boxing Day sales. All of a sudden, I was overwhelmed with the feeling that I had to go home. The closest feeling I can compare it to was fear, but it wasn't that, because I didn't know of anything to be afraid about. Yet I was absolutely compelled to leave the computer, leave the line up, and drive home. My husband couldn't understand it. We went home and I burst through the front door and saw the message machine blinking. My sister and her family had been in a car accident. She is now a paraplegic. My brother-in-law died.

Thirty-six of the 160 cases Stevenson reviewed involved an intense and abrupt shift in mood, usually toward anxiety or despair. Fourteen involved physical symptoms, such as extreme weakness, acute pain, or even shared labor symptoms. To advance the research, Stevenson then personally investigated 35 cases that were brought to his attention. He excluded "instances of repeated gloomy forebodings which on one occasion happened to be right" (Stevenson, 1970, p. 10). He interviewed the percipient and witnesses separately, and cross-referenced their descriptions. Here is one of his accounts:

When my five-year-old daughter came home from a birthday party, she was disappointed to find that her father and brother had gone to the Walt Disney movie without her. The Rivoli Theatre is a block and half away. I told Joicey that her father expected her to join them there, so she waved goodbye and skipped towards the corner. I returned to the dinner dishes still unwashed in the kitchen sink. Quite suddenly while I held a plate in my hand an awesome feeling came over me. I dropped the plate. For some unexplainable reason, I knew Joicey had been hit by a car or was going to be. I was quite conscious of her involvement in an accident. I immediately went to the telephone, looked up a number, and shakily dialed the theater. I gave my name and said, 'My little girl was on the way to the theater. She has had an accident. Is she badly hurt?' (p. 61)

Her daughter wasn't seriously injured, but she later wrote to Stevenson: "I was so terrified... I made a silent plea for my mother" (1970, p. 63).

Finally, some mental impression cases take the form of an inward vision, almost more dreamlike in detail than an external hallucination. The following is an example:

When I was a child... I was walking in a country lane at A., the place where my parents then resided. I was reading geometry as I walked along, a subject little likely to produce fancies or morbid phenomena of any kind, when, in a moment, I saw a bedroom known as the White Room in my home, and upon the floor lay my mother, to all appearance dead. The vision must have remained some minutes, during which time my real surroundings appeared to pale and die out; but as the vision faded, actual surroundings came back, at first dimly and then clearly. I could not doubt that what I had seen was real, so instead of going home, I went at once to the house of our medical man and found him at home. He at once set out with me for my home, on the way putting questions I could not answer, as my mother was to all appearances well when I left home. I led the doctor straight to the White Room, where we found my mother actually lying as in my vision. This was true even to the minute details. She had been seized suddenly by an attack at the heart, and would soon have breathed her last but for the doctor's timely advent. I shall get my father and mother to read this and sign it. (Gurney et al., 1886, p. 194)

Both parents obliged.

4. Physical Impressions

Shared physical symptoms at the time of death or distress have been reported to a variety of researchers in different parts of the world (Stevenson, 1970; Howarth & Kellehear, 2001; Beitman, 2022). There is no data to shed light on how common this experience is, relative to other forms of crisis impression. In the case collection housed at the Rhine Research

Center, such reports are infrequent. But they do appear in all the collections and have been reported to the authors personally. A survey of prevalence would have to be designed with careful wording in order to capture this particular experience at the same time as capturing other impression types.

Here is a case provided to the first author:

On the morning of April 22, 2010, while standing in my home office, I began to feel as though something was physically wrong. I wasn't dizzy or nauseous but I felt odd and became slightly concerned. This feeling went on for a couple of minutes and then pressure started to build in my chest with enough intensity to cause me to press my fists into my breastbone. As the pressure increased, I said to myself: "Oh great, now I suppose I'm going to have a heart attack!" Several seconds after it started, a voice in my head said "Ray is dying." I was amazed and remember thinking, "How can I know when he—or anyone else—is dying?" Then a few seconds later, the pressure suddenly released itself and I heard the words, "Ray is dead"! I could also describe it as words that popped into my head but there was a masculine quality to them and, although I didn't hear them with my ears, I heard them in my head. It was not vague like an intuition or gut feeling. I was in shock and, for some strange reason, especially concerned about whether he was dead or dying as it seemed less believable that I could be made aware of the exact moment he died.

She had no news of the death for some weeks, when she met a mutual acquaintance who confirmed that Ray had had a heart attack on the day of her experience.

Stevenson likened these cases to the psychological phenomenon of *couvade*, in which two people empathetically share illness or pregnancy symptoms. Only, in this instance, the awareness of the illness or injury appears to be telepathic. Psychiatrist Bernard Beitman experienced a prolonged and inexplicable episode of choking in San Francisco in 1973 at the time that his father hemorrhaged blood into his throat as he died in Wilmington, Delaware. The episode was so striking that Beitman went on to

research coincidence, and coined the term “simulpathity” as nomenclature for this sort of simultaneous (often non-local) suffering (Beitman, 2022, p. 19).

5. Deathbed Visions

In 1924, physicist Sir William Barrett presented a collection of 57 accounts of *deathbed visions*, building on earlier work by James Hyslop (e.g., Alvarado, 2014) and Italian researcher Ernesto Bozzano (1923), to explore a new branch of anomalous experience. Dying people apparently perceived the deceased, an observation that has gained significant new attention in recent years. There are a mounting number of peer-reviewed studies of the visions and dreams of the dying in palliative settings (e.g., Nosek et al., 2015). What interests us is that among Barrett’s collection were 14 crisis impressions, insofar as the dying perceived an apparition that made them aware for the first time that another person had died.

On January 12, 1924, Lady Florence Barrett attended the birth of a child in Dublin whose mother, Doris, now lay dying from complications and blood loss. “Suddenly,” Lady Barrett later wrote,

she looked eagerly towards one part of the room, a radiant smile illuminating her whole countenance. ‘Oh, lovely, lovely,’ she said. I asked, ‘What is lovely?’ ‘What I see,’ she replied in low, intense tones. ‘What do you see?’ ‘Lovely brightness—wonderful beings.’ It is difficult to describe the sense of reality conveyed by her intense absorption in the vision. Then—seeming to focus her attention more intently on one place for a moment—she exclaimed, ‘Why, it’s father! Oh, he’s so glad I’m coming, he is so glad. It would be perfect if only W. (her husband) would come too.’ Briefly, Doris reflected to those in the room that she should, perhaps, stay for the baby’s sake. But then she said, ‘I can’t—I can’t stay; if you could see what I do, you would know I can’t stay.’

At this point, Doris saw something that confused her: “He has Vida with him,” she told Lady Barrett, referring to her sister, whose death three weeks earlier had been kept from her because of the pregnancy. “Vida is with him,” she said wonderingly.

Hearing of this experience from Lady Barrett, Sir William Barrett solicited written accounts of Doris’s apparent vision from his wife, an attendant nurse, resident medical officer Dr. Phillips, Matron Miriam Castle, and from Doris’ mother, Mary Clark of Highbury, all of whom had been in the room. The descriptions corroborated one another, which prompted Sir Barrett to pursue other cases (Barrett, 1926/2011, p. 24).

The question is whether deathbed visions stand apart, as a distinct category of perception filtered through a dying consciousness, or whether further research on crisis impressions should include them. Setting aside a materialist frame for the moment, it is arguable that the dying are more capable of extrasensory perception, perhaps due to a shifting interplay between mind and brain. By way of analogy, if consciousness flows like water and the biological infrastructure of the brain acts as a grate, then the disintegration of that grate may alter water’s flow. Accounts of the nature of consciousness in near-death and near-death like experiences have been evocative of such shifts.

6. Sensed-presence Experiences

The sense of a presence, rather than a visual or auditory hallucination of someone, has become a focus of interest in the grief literature. It appears to be far more common than previously realized: roughly 50 percent of the bereaved sense the presence of the deceased at some point, sometimes years after a death (Rees, 1971; Steffen & Coyle, 2012). In the first author’s family, a sensed-presence experience coincided with a death, giving rise to the question of how often these experiences are crisis impressions. There is limited data. Sensed presences were the second most common encounter with the deceased after visual hallucinations in the Iceland survey:

One male interviewee reported that he abruptly awoke in the middle of the night and felt that someone passed the door of the bedroom of his empty apartment and went into the bedroom. ‘The feeling was so vivid and upsetting that I immediately became wide awake and could not fall asleep again.’ The following day he learned that a friend of his was missing. Soon thereafter it became known that the man had drowned. (Haraldsson, 1989, p. 107)

Douglas Davies, an anthropologist at the University of Durham, UK, reported that approximately 35% of the people contacted for his 1995 survey of 1,603 people in four regions of the UK “had gained some such sense of the presence of the dead” (1997, p. 171). What percentage of these took place immediately around death is unknown. Certainly, this class of experience would not have been captured by the question posed in the Census of Hallucinations and its modern variants.

Components of the Experiences

Regarding crisis impressions as they are reported by experiencers, several characteristic components exist related to the agents in distress and the experiencers. Each component will be discussed in turn and novel observations about the components are highlighted:

- a. Genders of the experiencer and agent
- b. Relationship between experiencer and agent
- c. State of consciousness of experiencer
- d. Geographic occurrence
- e. Frequency of experience

a. Genders of the Experiencer and Agent

Strikingly, in virtually every study we have consulted, the majority of *agents* are male, which is to say, those who are perceived as dying or in

danger are more often male than female. Perhaps this is somehow related to the higher incidence of violent and accidental deaths reported in crisis impressions. If so, this would point to the nature of the event, rather than gender per se. Conversely, the majority of *experients* (we estimate roughly 65%) in all of the studies and case collections are female. This could be related to a greater level of comfort with reporting such experiences, though currently the reason for either gender difference is not clear.

b. Relationship between Experient and Agent

The studies seem to be in agreement that impressions related to immediate family members are the most commonly perceived in relation to death. In Italy, 78% of death-related perceptions were of close or extended family (Piccinini & Rinaldi, 1994). In England, Davies (1997) notes that sensing the presence of a parent is the most common type of experience (15.4%); grandparents follow next (10.3%), then spouses (5.0%), siblings (2.2%), children (1.1%), and other kin (3.6%). In the United States, Green and McCreery (1975) found that the most commonly recognized ‘phantasm of the dead’ was the percipient’s mother or father. Stevenson (1970) found the same in his analysis of early 20th century data, as did Arcangel (2004), surveying Americans. More generally, the person manifesting in a visual hallucination could be identified by the percipient in 78.5% of Rhine cases (Schouten, 1982) and 81.7% of *Phantasm* cases (Gurney et al., 1886).

Sybo Schouten (1982) compared data from the UK, Germany, and the U.S. and found the same patterns: Close family members were 2.5 times more likely to report experiences with one another than with “other family” or “acquaintances.” Among close family, there was an even distribution of gleanings related to death, serious accident, and unserious events like minor injury. The further apart the relationship, the more likely people were to glean events *only* of significant magnitude. Again, the most common relationship between the percipient and the subject was parent/child, with parents more likely to be agents than children. Indeed, mothers were 10

times more likely to ‘appear’ to their children at death than the other way around (Schouten, 1982).

Using Stevenson’s data, we have found that parents are more likely to be agents in impressions of death, but children (by relationship, not age) are more likely to be the agents in *non*-fatal impressions. This also appears to be the case in the collected cases of Gurney et al. (1886). Clearly, that poses an intriguing direction for more robustly-structured research.

c. State of Consciousness of Experient

Dreams and borderland states seem to give rise to a larger number of crisis impression experiences. But, when we look at mental and physical impressions, the state of consciousness shifts to alert and awake. In Iceland, lighting conditions had no significant impact on whether an experience happened, nor did emotional state. A roughly equal number of percipients were physically active/awake at the time versus resting, falling asleep, or abruptly awakening (Haaraldson, 2012).

One interesting finding from the two studies that considered this question is that only a small fraction of experiences, less than 7%, took place at work (Green, & McCreery, 1975; Smith, 2014). Green and McCreery found that 61% of their cases occurred in or near the percipient’s home, with “near” meaning in the garden or within a short walk. About 25% occurred just after waking or being woken up by the impression itself. In the Census of Hallucinations (Sidgwick et al., 1894), 38% of visual, 34% of auditory, and 44% of tactile hallucinations occurred while the percipient was in bed; this represented over a third of the total number of hallucinations, and did not include dreams and borderland cases. So, for example, someone who was lying down but alert was included, but not those dreaming. In her replication of the Census in 2014, posing the same question, Smith (2014) found that “the most common activity for a percipient to be doing at the time of their experience was having woken up from sleep” (p. 139). Taken together, the data suggest that relaxed and quiet settings—rather than state of

consciousness *per se*—facilitate the formation of crisis impressions and other anomalous perceptions.

In the late 19th century, Gurney et al. (1886) speculated about what we would now call deep unconscious processing. They wondered if we became aware of a crisis only unconsciously at first, and then gradually brought the idea to consciousness in some fashion, from forming a wordless conviction to projecting a hallucination to feeling physical distress.

There may be many other cases where it never reaches the stage of even a conscious idea, never forces itself on the attention at all, and where, therefore, we never hear anything about it...we might regard the sensory phantasms as a sort of accidental group—as just the cases which here and there get above ground, owing to some exceptional favouring condition in the percipient. (p. 538)

At around the same time, American psychologist William James wrote, “we live sheltered, born with mental buffers to protect against such intrusions, to keep life from being too impossibly strange.” But sometimes—as with crisis impressions—that “last blast of desperate energy overcomes those barriers so that just for a moment we hear our dying mother’s voice [or] see the face of a lost friend” (as paraphrased in Blum, 2007, p. 224).

d. Geographic Occurrence

Crisis impressions and post-mortem encounters have been reported to researchers in the UK, France, Germany, Russia, Poland, Brazil, Italy, Iceland, Switzerland, New Zealand, Hong Kong, India, and the U.S. Thus, rather than being culture-bound phenomena, they appear to be universal, getting reported wherever researchers happen to ask.

For whatever reason, the folklore about this phenomenon exists in some cultures but not others. Second sight has been written about since the early 18th century. “Within Scottish tradition,” notes UK psychologist Shari Cohn, “Second sight is regarded as a psychic capacity for spontaneous prophetic visions and is believed to be hereditary” (1999, p. 129). In two

studies, Cohn established that the reported capacity did, indeed, seem to run in families. One of the most common second sight experiences was a “vision of person recognized before, at the moment of or after death” (1999, p. 137). Thirty percent of respondents reported this, a similar percentage to Haraldsson’s survey in Iceland (1989). The only thing slightly more common was a vision of someone unrecognized, in the manner of time slip, such as someone not yet met (Haraldsson, 1989).

Examples of second sight reported on Cohn’s questionnaire bear absolute similarity to our other reports: A man from the Highlands “had a vision of a man hanging in an arched window hours before a relative of his hanged himself in a church fifteen miles from the informant’s location” (p. 137.) A woman from the Isle of Skye saw her neighbor on the street and assumed he had returned from his holiday, whereas in fact he just unexpectedly died in England.

The Scandinavians also have a folklore around this capacity, which they call the *Vardoger*, or seeing the double of someone who is about to arrive (Leiter, 2002). Other European cultures with a folkloric reference to these types of phenomena are French Brittany and Ireland. What’s interesting here is that all of these cultures have a common genetic ancestry related to the Viking raids along Europe’s coastline. In light of that ancestral connection, it becomes intriguing to note that “paranormal experiences” are more commonly reported on the west side of England, and—in Canada—in the Atlantic coastal provinces, which are predominantly Scots-Irish, although this hasn’t been rigorously studied. Perhaps the heritability that Cohn found in families with Second Sight in Scotland can be identified in these other groups as well, either as inherited beliefs or inherited genes.

e. Frequency of Experience

Percipients tend to break down into two groups: those who have only ever had the one reported experience, usually in relation to a highly memorable event such as death, and those who seem to have what Hilary Evans has called “encounter proneness” (2002). There may be, as above, an inherited proclivity.

Conclusion

People belonging to different cultures, continents, and eras clearly attach meaning to a ‘way of knowing’ about the death or endangerment of significant others in their lives. For whatever reason, becoming aware of a crisis through non-ordinary means has significant emotional valence, and continues to feature key characteristics regardless of shifting cultural tropes, including brevity, vividness, and interpersonal connection. The experience seems more likely to be associated with figures of an older generation, with males as agents and females as experiencers, and with deaths that are violent or abrupt in nature, so far as the current literature has ascertained. Further research ought to home in on these patterns and explore their significance, if any, beyond artifacts of culture and gender norms. Moreover, they may pertain to the social context of the surveys. For example, accounts from wartime might get at the question of whether parents are more likely to report an impression of death than we have thus far seen in collected reports.

There is also a need to determine random population prevalence, similar to the data from Germany (Schmied-Knittel & Schetsche, 2005), and to systematically study the nature of crisis impressions, ideally with prospective research, although that will be difficult given the unexpected nature of the crises. Ian Stevenson’s (1970) careful and systematic gathering of corroborating evidence is arguably the most viable approach. Prior to the advent of modern technologies, researchers were able to take advantage of lengthy communication delays, as news of a death or illness wended its way by boat or steam train, during which time percipients could write down and discuss their experience with witnesses. A modern percipient might well receive a call or text within moments of the event, perhaps narrowing the number of accounts. (That being said, the first author found no shortage of unsolicited reports, often prefaced by the confiding statement, ‘I’ve never told anyone this, but...’).

It should be noted that Frederic Myers, William James, and Edmund Gurney, among other early researchers, offered deeply thoughtful ideas about mechanisms of non-local consciousness when they first explored these human experiences—ideas that were effectively shunned, rather than developed, due to the rising materialist paradigm (e.g., Blum, 2007). Further study of crisis impressions invites a return to the discourse they began. Do these impressions point to the survival of consciousness after bodily death, to a facility for telepathy between those with close attachments, and—or—to a capacity at moments of heightened emotional import to tune into a collective consciousness, psychosphere, or Unus Mundus (to cite just three of many such terms). Both in the particulars and in the broad picture, there is much here that is worthy for interested and rigorous scholars to pursue.

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