

## PEER-REVIEWED REFERENCED COMMENTARY

*Intended Audience: Clinicians*

# Assessing Afterlife Beliefs in Psychotherapy

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**Abstract:** Afterlife beliefs are common, may affect health outcomes, and are relevant to clients' relationships. Unfortunately, these beliefs are generally neglected in the psychospiritual literature and in most published religion and spirituality (RS) tools and assessments. Here, an afterlife assessment guide is introduced that incorporates the recommended two-phase RS assessment approach and provides introductory guidelines for mental health professionals (MHPs) to competently assess and address afterlife beliefs and spiritual experiences in the psychotherapy setting. The SRRT consists of sets of sample questions organized around four concepts (Significance, Relationships, Resources, and Treatment). It can be used by MHPs to determine if any afterlife beliefs or experiences of significance may be impacting the client's well-being or relationships; the MHP can then assess possible afterlife-related resources and tailor specific forms of treatment. The development of the SRRT was informed by current bereavement models, trauma-informed approaches, and ethical practice guidelines for MHPs. Ideally, the SRRT will also serve as an initial resource for MHPs to collaborate and reach consensus regarding assessing and addressing afterlife beliefs and spiritual experiences.

**Keywords:** religion and spirituality, SRRT, bereavement, afterlife, assessment, psychotherapy

Over the past few decades, research has examined how the topic of religion and spirituality (RS) is related to psychological health and can be ethically integrated into psychotherapy. However, though afterlife beliefs are relevant to well-being and meaning-making around issues including dying, bereavement, and unresolved issues with deceased persons, they are often neglected in the psychospiritual literature. Moreover, there is a paucity of afterlife belief items in published RS tools. Here, the importance of assessing afterlife beliefs is discussed, and the SRRT afterlife assessment guide for mental health professionals (MHPs) is proposed.

### **Importance of Assessing Afterlife Beliefs**

It is important for MHPs to assess clients' afterlife beliefs for several reasons: understanding human relationships is an ethical principle of MHPs; afterlife beliefs and spiritual experiences are prevalent; afterlife beliefs predict health outcomes; and afterlife topics have been neglected in clients' relationship with MHPs.

#### **Understanding Human Relationships is an Ethical Principle**

Recognizing “the central importance of human relationships” is one of the six ethical principles of social work found in the National Association of Social Workers' (NASW) Code of Ethics (2017). Human relationships do not end when one person dies; the relationship continues and can evolve over time. This is evident in the various ways continuing bonds with the deceased may manifest. In *Continuing Bonds: New Understandings of Grief*, Klass, Silverman, and Nickman (1996) introduced the continuing bonds model of grief. This became

a call to the clinical community to stop, look around, and take note of the clinical evidence that did not fit into the dominant model. Within a few years continuing bonds were an accepted aspect of grief in the psychological descriptions of grief and in clinical practice. (Klass & Steffen, 2018, p. 5)

Continuing bonds with the deceased are not limited to intentional or purposeful actions (e.g., writing a letter to the deceased, visiting a grave site, etc.). Non-purposeful changes in thoughts, perspectives, and feelings also exist and can affect relationships with self and others. By taking afterlife beliefs and experiences into account, MHPs can better assist clients in improving these relationships.

### **Afterlife Beliefs and Spiritual Experiences are Prevalent**

Afterlife beliefs are widespread and spiritual experiences are common in the US. The assessment of individual beliefs and experiences provides the MHP with the information needed to customize client interventions.

In the US, 74% of Americans believe in life after death (Pew Research Center, 2008). Spiritual experiences in which an afterlife is perceived are also frequent: 29% of adults reported feeling “in touch with someone who has already died” (Lipka, 2015) and 56.6% of bereaved adults have perceived the deceased through some sense modality “or as a quasi-sensory sense of presence” (Kamp & Due, 2019, p. 463).

Moreover, 27% of adults in the US think of themselves as spiritual but not religious (Lipka & Gecewicz, 2017) and may not associate with a community of faith or want to discuss their afterlife beliefs and spiritual experiences with a clergy person. They may, however, want a safe and respectful space to explore with their MHP how afterlife beliefs inform their life choices; their views on dying, death, and spiritual struggles; their continuing relationships with the deceased; and their spiritual experiences in which an afterlife is perceived.

Individuals’ reported experiences have been categorized by researchers using terms including “mystical,” “numinous,” and “anomalous.” The authors propose that the term “spiritual experience” be used with clients as it is most likely generally understood by Americans and does not assume the quality, meaning, or ubiquity of the experience. Though a complete discussion of the variety of spiritual experiences in which an afterlife is perceived is outside the scope of this paper, these may include near-death experiences (NDEs), after-death communication experiences (ADCs), and end-of-life dreams and visions (ELDV).

Moreover, the authors suggest the word “afterlife” be used with clients and that is the term used throughout this paper. Researchers use the term “survival of consciousness after physical death” (or simply “survival”) as a descriptive term that does not include explanations of mechanism. Within the survival of consciousness paradigm, existing past physical death is simply a characteristic of consciousness; as such, survival does not require the existence of God(s). Therefore, afterlife assessment may be necessary for clients who identify as atheist or agnostic on RS assessments.

### **Afterlife Beliefs Predict Physical and Mental Health Outcomes**

Many religious and spiritual beliefs and practices, such as prayer and attendance at religious services, have been associated with positive psychological and physical health outcomes (e.g., Koenig, King, & Carson, 2012; Miller & Kelley, 2005). Afterlife beliefs may also be related to psychological health. Ai et al. (2014), for example, found that both “God-centered” (i.e., Christian, Jewish, and Muslim) and “cosmic-spiritual” (i.e., Hinduist and Buddhist) views of the afterlife “are associated with positive psychosocial functioning and buffer the individual against death anxiety” (p. 326). Kerr et al. (2014) found that hospice patients were typically comforted by their spiritual experiences. Nosek et al. (2015) noted that patients, their families, and health care providers may benefit from a better understanding of dreams and visions at the end of life. Steffen and Coyle (2012) stressed that most sense of presence experiences of the deceased are interpreted as positive and can precipitate spiritual growth.

However, some spiritual beliefs and practices may be associated with negative health outcomes. Negative religious coping in response to major stressors (e.g., feeling punished by God, wondering about abandonment by the church, or believing that the Devil made an event happen) have been correlated with “more signs of psychological distress and symptoms, poorer quality of life, and greater callousness toward other people” (Pargament, Feuille, & Burdzy, 2011, p. 57).

Regarding the afterlife, some ways of relating to the deceased may be associated with negative health outcomes. Carr and Sharp (2013) emphasized that the degree “to which afterlife beliefs are protective or harmful may be contingent upon the *nature* and *content* of one’s beliefs” (p. 105; emphasis in original). Conducting an RS assessment that includes afterlife beliefs can provide information about the “nature and content” of those beliefs.

### **Afterlife Beliefs Have Been Neglected in Client/MHP Relationships**

Although the proportion of MHPs who include afterlife beliefs as part of their assessment is unknown, a reluctance and/or lack of training/education on the part of MHPs in assessing and addressing spirituality in general has been established. Oxhandler, Parrish, Torres, and Achenbaum (2015) found that “only 43%” of social workers indicated that they “link clients with RS resources when it may potentially help them” (p. 231). Saunders, Miller, and Bright (2010) found that practicing psychologists

“may feel hesitant and uncertain when considering whether they can or should address spiritual and religious issues with patients... Clinicians seem to have concerns about competence, undue influence, and other potential ethical issues” (p. 356). Similar to general spiritual topics, afterlife beliefs are most likely not being addressed by psychotherapists regularly.

In addition, the topics of death and the afterlife may be off-limits in Western cultures. Clients who want to continue a relationship with the deceased may fear others responding negatively. The first author (BC) has observed that if afterlife beliefs and spiritual experiences are not specifically broached by the MHP, clients are hesitant to do so. Once the topic is introduced, however, the MHP can work collaboratively with a client in their desire to continue a relationship with the deceased and nourish their relationships with the living.

### **RS Assessment**

It is often recommended that a two-phase RS assessment, divided into preliminary and comprehensive segments, be used in the psychotherapy setting (e.g., Hodge, 2017; Magyar-Russell, Robertson, & Deal, 2015; Vieten & Scammell, 2015). With this approach, the MHP establishes rapport and validates the client with warmth and genuine interest while also gathering RS data. In the preliminary (also called initial or brief) assessment, the MHP asks questions to “ascertain if a patient’s spirituality potentially intersects with their care” (Hodge, 2017, p. 1). These questions may include “To what organizations do you belong, including any religious or spiritual organizations?” and “What religious and/or spiritual practices do you participate in?” (Magyar-Russell, Robertson, & Deal, 2015, p. 8). The responses of the client inform whether or how the MHP should proceed.

The comprehensive RS assessment collects more nuanced information in cases in which the client’s RS is related to their well-being and the presenting issue. This may include additional open-ended questions, standardized measures, and/or visual diagrams such as the spiritual genogram (Hodge, 2001). The comprehensive assessment allows the MHP to customize a treatment plan incorporating the client’s RS.

Although the importance of RS for psychological health has been established, clients’ afterlife beliefs are often neglected. MHPs addressing clients’ grief, loss, and/or trauma may benefit from understanding clients’ beliefs about the nature of the afterlife and their experiences relating to the deceased. In order to assist MHPs in this endeavor, the SRRT afterlife

assessment guide was created to be integrated into the MHP's broader two-phase RS assessment. The SRRT provides sample afterlife assessment questions giving the MHP options for inviting the client to discuss this neglected yet impactful topic.

## The SRRT Assessment Guide

### Background

The SRRT (pronounced "sert") afterlife assessment guide assists MHPs in addressing clients' afterlife beliefs in the psychotherapy setting. These beliefs may be best assessed after therapeutic rapport has been established rather than during the clinical intake. The SRRT is a conversational tool not a standardized clinical tool (i.e., one intended to generate scores for diagnosis). The sets of sample questions are organized around four concepts relevant to RS and afterlife beliefs in the psychotherapy setting: Significance, Relationships, Resources, and Treatment. Pursuant to the two-phase RS approach, preliminary assessment questions are asked in the Significance section. The client's resulting answers focus individualized comprehensive assessment questions addressing Relationships, Resources, and Treatment. MHPs are encouraged to modify or remove questions to facilitate conversation and better reflect the culture, belief system, and goals of each client. Furthermore, the SRRT may be used by MHPs to identify and explore their own personal beliefs and assumptions.

For each concept (S, R, R, and T), sample sets of questions are listed in italics and then discussed. Questions without the discussion text are available for reference in Appendix A.

### S: Significance

Using the preliminary afterlife assessment questions below, the MHP, in collaboration with the client, can identify which (if any) afterlife beliefs or spiritual experiences are significant to the client's well-being or the presenting issue. This may be especially relevant in bereavement, anticipatory loss of a loved one, fear of death, euthanizing a pet, witnessing a violent or deadly act, or unresolved issues with a deceased family member or friend. First, establish a common vocabulary.

*I want to make sure I use the language that feels right or true for you. Do you like the word 'afterlife,' or is there another word you prefer? and/or Are there*

*any other words you would like me to be mindful of using that best fit your belief system?*

Some clients may prefer “passed away” rather than “died.” Some may use words like “karma,” “enlightened,” or “reincarnation.” Some who believe in an afterlife may not relate to the concepts of “Heaven” or “Hell.” For clients who refer to after-death communication experiences as “visits,” the MHP can also refer to them this way. For clients referring to these experiences as “hallucinations,” the MHP can use “experiences.” Some clients may want to refer to their deceased loved one in the present tense reflecting their belief in a living spirit/surviving consciousness of the deceased. The role of the MHP is to genuinely validate and accept the subjective experiences of the client and help them identify, explore, clarify, and process those experiences using the most appropriate language.

*Do you have any beliefs about the afterlife or about what happens after we die that you feel are important or that you would like to share with me?*

Even if a client declines discussing afterlife issues at this time, this signals that the MHP would be willing to in the future.

*Are afterlife beliefs important to you in your grieving process? and/or How do your beliefs about the afterlife affect your beliefs or feelings about death?/euthanizing your pet?/your relationship with \_\_\_\_?*

In addition to the grieving process, afterlife beliefs can be relevant in cases of anticipatory loss and unresolved issues with the deceased. These questions provide the client a chance to articulate and recognize how afterlife beliefs may be impacting their healing.

After initial questions about clients’ afterlife beliefs, spiritual experiences may also be assessed.

*Some people report having spiritual experiences before or after the death of a loved one. Some report receiving a visit from the deceased in their dreams or experiencing a sense of presence when awake. Some have experiences in which they glimpse the afterlife, such as in a near-death experience or at the bedside of a dying person. Have you had any spiritual experiences that you would like to share with me?*

Clients may not volunteer their spiritual experiences out of concern that the MHP might deem them “crazy” or minimize the sacredness of the experience. By asking the question, the MHP provides overt permission for the client to share a spiritual experience. In some cases, spiritual experiences may contain distressing aspects (e.g., the client believed that the deceased person said something unkind; the deceased person indicated not being in Heaven; the client had a distressing near-death experience; etc.). In other cases, the spiritual experience may have been positive in nature but dismissed or met with ridicule by a family member or friend when shared. The MHP may be the first person who validates the experience as positive.

*Are there any aspects of your beliefs in an afterlife with which you are struggling?*

Clients may have afterlife beliefs that are uncertain or distressing (e.g., that people who complete suicide cannot be with God); these beliefs can significantly impact their thoughts, mood, and wellbeing. By asking about upsetting beliefs, the MHP defines the therapy setting as a safe, caring place for expressing and processing these fears and uncertainties. Alternatively, if the MHP can identify struggles and internal conflicts from the clients' previous responses, it may not be necessary to directly ask this question. In addition, some clients may desire resources that validate afterlife beliefs or provide comfort (discussed in the Resources section below).

### **R: Relationships**

If the preliminary phase of the assessment demonstrates afterlife beliefs of *significance*, the comprehensive phase can then be used to explore how afterlife beliefs and spiritual experiences impact the client's *relationships* to self, others, and what is meaningful. With this information, the MHP can customize interventions that improve clients' relationships and aid in finding meaning or comfort after challenging events.

Some forms of continuing relationships with the deceased have been associated with avoidance of engagements in the physical world and with the living (Carr & Sharp, 2013) as well as with maladaptive coping (Stroebe, Abakoumkin, Stroebe, & Schut, 2011). Therefore, it is helpful to assess how afterlife beliefs, spiritual experiences, and on-going relationships with the deceased are impacting the client's relationships with the physical world (e.g., activities, relationships with living persons, and the meaning of life events).

*What kinds of gestures or rituals, if any, do you use to continue a relationship with the deceased or to keep their memory alive?*

Purposeful gestures may include: talking to the deceased in prayer, looking for/acknowledging signs from the deceased, visiting the gravesite, observing cultural holidays that honor the dead, receiving pastoral counseling, or getting a reading from a medium. Awareness by the MHP of each client's unique spiritual beliefs and traditions are part of culturally competent practice. With this question, the MHP gives the client permission to continue a relationship with the deceased and feel supported in doing so.

Alternatively, some clients may believe that they should just be happy that the deceased are "with God now." Others may not believe in an afterlife but want to continue a relationship with the deceased by recalling positive memories or honoring the legacy of the deceased person and their behaviors. The deceased can still "function as a secure base in serving as an important reference point when making important autonomy-promoting decisions" (Field, 2008, p. 121).

*Are there many times when you want to stop thinking about your deceased loved one, but you can't? and/or Are you having any distressing memories or thoughts come up about your deceased loved one or the relationship you had? If so, how are these distressing thoughts affecting your sleep, diet, or the way your body feels?*

Frequent and distressing thoughts may block a client's ability to have an intentional, loving, and empowered relationship with the deceased. These may include memories of the dying person's suffering, feelings related to guilt or abandonment, or thoughts of "I should have done more." These types of internal processes are typically independent of any purposeful efforts on the part of the bereaved to continue a relationship.

These involuntary and intrusive thoughts can be traumatic responses or manifestations of emotional pain. Trauma from the recent death of a loved one can also bring up the pain of past trauma such as abandonment in childhood. The MHP must assess any symptoms of trauma and determine appropriate interventions. A referral for medical examination is appropriate if physical symptoms are reported. Moreover, a psychiatric referral may be necessary in some cases.

In addition, there may be particular times (e.g., shortly after a death, around anniversaries, when reminded of particular images, sounds, or smells from the past) that the bereaved client has more distressing thoughts about the deceased that the MHP can normalize as part of the grieving process.

*Would you like to brainstorm with me ways that you can continue a relationship with your deceased loved one while continuing to get the most out of your relationships at work, with family and friends, and with your passions and hobbies?*

This question gives the client consent to continue a relationship with the deceased while concurrently living a full life. The MHP can support the client's RS and afterlife practices while also identifying potential challenges. Some bereaved clients may isolate themselves out of embarrassment about wanting to continue a relationship with the deceased; their family or friends may react negatively or view this practice as antithetical to traditional religious practices. Compared to their family members, some clients may want to talk more openly about their memories or their experiences since the death. Some may find aligning their personal beliefs to those of their family and culture difficult. Acknowledging relevant familial or cultural tensions and discussing options for respecting personal beliefs in a wider context can be helpful.

Clients' beliefs in an afterlife, however, may not necessarily include two-way relationships with the deceased. Some may believe that the deceased are in a sleep-like state or purgatory until a final apocalyptic reckoning. Others may believe it is "bothering" the deceased or disobedient to God to try to communicate with them. Some may believe in reincarnation. These differences necessitate a familiarity with clients' metaphysical assumptions before customizing therapy services.

*How does your relationship with the deceased inform or inspire your choices?  
Your relationships?*

These questions provide an opportunity to learn about how the client is relating to both the deceased and the living world. They also allow for discussion regarding how a relationship with the deceased can inspire positive relationships to family, friends, work, and self and lead to a greater quality of life. Some clients benefit from identifying time and energy

boundaries for their relationship with the deceased such as designating time to speak or write to the deceased or perform volunteer activities that honor them. These clients can also plan gestures to honor the deceased on special anniversaries or invite the deceased to join them in spirit on regular excursions. These proactive options for an ongoing relationship with the deceased allow the bereaved client to actively choose and influence their continuing bond that highlights the love and resonance of the relationship versus the powerlessness and anxiety associated with the loss.

If it appears the client is not engaging in relationships with the living and/or is solely seeking love, guidance, and a sense of security from the deceased, it may be beneficial to assess for trauma symptomatology and for attachment patterns (e.g., Kosminsky, 2018) to inform treatment interventions.

*Do your beliefs about the afterlife help you to make sense of or obtain meaning from (event)? and/or What meaning do you give to the visit you received from the deceased/the spiritual experience you had? and/or Has the visit from the deceased/spiritual experience/mediumship reading created any struggles for you?*

Afterlife beliefs affect clients' meaning-making processes and responses to struggles. These assessment questions promote meaning reconstruction following a loss and identify struggles around afterlife beliefs or spiritual experiences. "When the bereaved are successful in finding meaning... they fare better than their counter-parts who struggle to make sense of the experience" (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010, p. 80). In addition, the meaning-making that occurs in response to the internal struggle during bereavement is what leads to growth (e.g., Calhoun, Tedeschi, Cann, & Hanks, 2010; Michael & Cooper, 2013). However, clients who are asked too many questions about their spiritual experiences may feel overly analyzed or pathologized, and caution should be taken regarding the quantity of questions asked. Some clients can be best supported by an affirmation from the MHP. For example, an MHP reacting to a client's description of their positive spiritual experience might say, "I am so happy for you that you had that beautiful experience. What a testament of the love you both continue to feel." Furthermore, all experiences are unique to the individual, and MHPs' assumptions based on previous clients' recounted experiences may be harmful.

*How have your beliefs in an afterlife changed over time? and/or Who or what experiences influenced your beliefs? and/or Have there been any changes in your beliefs that you think are important to share with me?*

These questions allow clients to tell their story and identify influential people, spiritual teachings, or experiences in the past and present. They can also elicit information regarding how the client's family of origin impacted their beliefs and what events may have precipitated spiritual changes or evolution. Again, timing issues are relevant to the assessment of afterlife beliefs. If a client is grieving a recent death, it may not be clinically beneficial to discuss the past. Clients seeking therapy for solution-focused strategies may want the MHP to reflect and validate their experiences and may feel that focusing on the past is not useful.

### **R: Resources**

Once afterlife beliefs of significance have been demonstrated in the preliminary phase of the assessment, the client's existing afterlife-related *resources* can be assessed during the comprehensive phase. A resource is a "service or commodity that can be called on to help take care of a need. A primary skill of social workers is their ability to know of and use the existing resources of a community that can help their clients" (Barker, 1999, p. 412). Identifying clients' RS resources as well as gaps in those resources has been previously stressed (e.g., Pargament, 2007; Vieten & Scammell, 2015).

Some clients may want to pursue spiritual resources that acknowledge an afterlife and a comprehensive afterlife beliefs assessment assists the MHP in precisely linking clients to resources. As stated above, survival of consciousness beyond death does not require the existence of God(s); MHPs should not assume that atheist or agnostic clients will not find afterlife resources helpful. Initial guidelines for identifying gaps and providing (when appropriate) afterlife resources in an ethical manner are provided below. Table 1 provides selected organizations and potential afterlife resources for MHPs and clients.

*Do you have friends or family or a clergy person with whom you can discuss your beliefs about the afterlife? and/or Do you have friends or family or a clergy person with whom you can discuss your spiritual experience(s)?*

Clients' external resources may include pastoral counseling, emotional support provided by friends or family, or community rituals that bring a sense of cohesion or security. Some clients will want to engage in remembrance activities or be able to speak openly about a loved one who has died but may not be supported in these behaviors by family. Memories of the deceased or acknowledging a continued relationship with them may also cause more distress than healing for some. A natural preference to avoid thinking about the deceased can also be supported by the MHP. Working with members of the family to find ways to best support each other can also be helpful.

*Do your beliefs in an afterlife bring you comfort or strength? and/or Did your spiritual experience(s) bring you comfort or peace? and/or Did your reading with a medium bring you comfort or peace?*

These assessment questions facilitate the identification of clients' internal resources. For example, after experiencing a visit from a deceased person, many of the bereaved will report finding comfort and peace, experiencing less loneliness, feeling cared for by the deceased, or feeling protected by the deceased (reviewed in Steffen & Coyle, 2012). Additionally, a growing body of data supports that assisted after-death communication experiences during readings with psychic mediums may provide psychological benefits (Beischel, Mosher, & Boccuzzi, 2014-15).

Clients may also feel a reduction in their fear of death resulting from afterlife-related experiences; this is very different from suicidal thoughts. If a client is expressing suicidal ideation, appropriate interventions by the MHP may include providing a psychiatric referral, creating a safety plan with the client, increasing the client's social safety net, calling 911, and providing the National Suicide Prevention Lifeline phone number (1-800-273-8255). In situations in which there is a risk of imminent harm to self or others, MHPs should follow the appropriate legal and ethical guidelines in their state.

**Table 1**  
*Selection of Organizations providing Potential Resources for Clients and/or MHPs regarding Afterlife Beliefs and/or Spiritual Experiences*

	Resources for Clients	Resources for MHPs	In-Person Resources (e.g., retreats, conferences)	Online Resources (e.g., articles, webinars, podcasts)	Support or Discussion Groups	Grief Resources
<a href="#">American Center for the Integration of Spiritually Transformative Experiences (ACISTE)</a>	X	X	X	X		
<a href="#">Forever Family Foundation (FFF)</a>	X	X	X	X	X	X
<a href="#">Helping Parents Heal</a>	X		X	X	X	X
<a href="#">International Association for Near-Death Studies (IANDS)</a>	X	X	X	X	X	X
<a href="#">University of Virginia, Division of Perceptual Studies (DOPS)</a>	X			X		
<a href="#">Windbridge Research Center</a>	X	X		X		X

*Would you like resources on scientific research that supports the existence of an afterlife?*

This question may not be appropriate to ask in all cases. Clients with a rigid religious belief system may not want any resources other than those that are provided by their church or clergy person. However, some clients may be interested in resources that include scientific research regarding the survival of consciousness after death. These resources can assist some clients in normalizing and making sense of their beliefs and spiritual experiences (Table 2).

*Would you like religious resources that address the afterlife?*

This question may also not be appropriate to ask in all cases. Clients for whom religion is important may be interested in religious communities that offer grief support groups that incorporate a belief in an afterlife. Many communities of faith provide peer or pastoral counseling in which spiritual experiences are validated and respected. Many have bookstores offering resources that address death and an afterlife.

*Would you like non-religious resources for grief support and education groups that acknowledge an afterlife? and/or Would you like non-religious education and support resources for persons who have had spiritual experiences similar to you?*

Many clients may not want to seek support from a clergy person or a community of faith. They may identify as agnostic or spiritual but not religious or may blend a variety of tenets from different cultural backgrounds. These clients may feel more comfortable accessing metaphysical, meditation-based, or natural resources.

MHPs can visit or speak with the point of contact at local institutions to better acquaint themselves with different types of specific resources (Table 3).

**Table 2**  
*Selection of Academic/Scientific Resources regarding Afterlife/Survival of Consciousness and Spiritual Experiences in which an Afterlife is Perceived*

<b>Topic</b>	<b>Resources</b>
Afterlife/Survival of Consciousness	<p><i>Surviving Death: A Journalist Investigates Evidence for an Afterlife</i> (Kean, 2017)</p> <p><a href="#"><u>Threshold: Journal of Interdisciplinary Consciousness Studies (TJICS)</u></a></p>
After-Death Communication Experiences (ADCs)	<p><a href="#"><u>The Possible Effects on Bereavement of Assisted After-Death Communication During Readings with Psychic Mediums: A Continuing Bonds Perspective</u></a> (Beischel, Mosher, &amp; Boccuzzi, 2014-2015)</p> <p><i>Continuing Bonds in Bereavement: New Directions for Research and Practice</i> (Klass &amp; Steffen, 2018)</p>
Near-Death Experiences (NDEs)	<p><i>The Handbook of Near-Death Experiences: 30 Years of Investigation</i> (Holden, Greyson, &amp; James, 2009)</p> <p><i>Consciousness Beyond Life: The Science of the Near-Death Experience</i> (van Lommel, 2010)</p> <p><a href="#"><u>Journal of Near-Death Studies</u></a></p>
End-of-Life Experiences (ELEs) and End-of-Life Dreams and Visions (ELDVs)	<p><i>The Art of Dying</i> (Fenwick &amp; Fenwick, 2008)</p> <p>Comfort for the Dying: Five Year Retrospective and One Year Prospective Studies of End of Life Experiences (Fenwick, Lovelace, &amp; Brayne, 2010)</p> <p>End-of-Life Dreams and Visions: A Longitudinal Study of Hospice Patients' Experiences (Kerr et al., 2014)</p> <p>End-of-Life Dreams and Visions: A Qualitative Perspective from Hospice Patients (Nosek et al., 2015)</p>

**Table 3**  
*Selection of Local Organizations and Resources that Address Afterlife Beliefs*

Local Organizations/Resources	Description
Religious Resources	Pastoral counseling Support groups Faith-based bookstores
Spiritual Resources	Art appreciation groups or classes C. G. Jung Institutes or Societies Hiking or nature appreciation groups Intuitive development classes Metaphysical discussion groups Zen Centers
Local Affiliate Groups	Bereavement support groups Death or afterlife discussion groups Forever Family Foundation Helping Parents Heal International Association for Near-Death Studies

### **T: Treatment**

Clients may want to incorporate afterlife beliefs and/or spiritual experiences of *significance* into their *treatment* in ways beyond improving *relationships* and receiving *resources*. The comprehensive afterlife assessment questions below allow clients to share and explore additional ways for integrating their afterlife beliefs into therapy. Each treatment plan should incorporate the client's unique cultural background, strengths, meaning-making processes, and struggles regarding the afterlife.

*How may I best support you in our work together regarding your afterlife beliefs? and/or How may I best account for your afterlife beliefs while we work to alleviate some of the distress you have about (event)/your relationship with your \_\_\_ who died?*

Some clients may appreciate the MHP providing afterlife resources and need nothing further. Some clients might request the MHP simply accept without judgement their beliefs and experiences. Some may want the MHP to affirm signs believed to have been received from the deceased. Others may want the MHP to validate the strengths of their afterlife beliefs and discuss options for improving their mental and social well-being. Some may want guidance in activities demonstrating a continuing bond with the deceased.

*How can I incorporate the wisdom you obtained from your spiritual experience into our work together? and/or How can I best support you in the struggles related to your spiritual experience?*

Some clients will want the MHP to respect the wisdom they obtained from the spiritual experience or to demonstrate acceptance and patience for the struggles with which they continue to grapple. Other clients may need their MHP to understand that their worldview has changed. For example, aftereffects of pleasurable NDEs include greater compassion, an expanded sense of life purpose, and/or an increased interest in psi abilities like mediumship or precognition (e.g., Noyes, Fenwick, Holden, & Christian, 2009). It may be helpful for some clients to openly discuss their “intuitive” or “psychic” insights and experiences without fear of being judged by the MHP.

It can be beneficial for MHPs to further educate themselves on ways to support clients who have had spiritual experiences as clients may not know or be able to articulate how the MHP may best assist them. Specific guidelines MHPs may want to consider when addressing spiritual experiences in general or ADC/sense of presence experiences specifically are available (ACISTE, 2013; Hayes & Steffen, 2018; respectively).

## **Conclusions**

The role of religion and spirituality in psychological health and their ethical integration into psychotherapy have been thoroughly examined over the past few decades. However, afterlife beliefs continue to be neglected in these discussions. The SRRT afterlife assessment guide provides introductory guidelines for competently assessing and addressing afterlife beliefs and spiritual experiences in the psychotherapy setting within the two-phase RS assessment approach. The development of the SRRT was

informed by ethical principles and research in the fields of bereavement, spiritually oriented psychotherapy, and trauma. It was designed for use in the psychotherapy setting with an attitude of warmth and respect on the part of the MHP. The SRRT consists of sets of sample questions organized around four concepts: Significance, Relationships, Resources, and Treatment. In the preliminary phase, the SRRT guide can be used by MHPs to determine if any afterlife beliefs or experiences of *significance* may be impacting the client's well-being or the presenting issue. In the comprehensive phase, the MHP can use the SRRT to assess effects on the client's *relationships*, determine possible afterlife-related *resources*, and tailor specific forms of *treatment*. Ideally, the SRRT will also serve as an initial resource for MHPs to collaborate and reach consensus regarding assessing and addressing afterlife beliefs and spiritual experiences.

### **Disclaimer**

The information contained in this document is educational in nature and is provided only as general information which may or may not reflect the most current developments in assessing afterlife beliefs and spiritual experiences in psychotherapy. While all references, links, and other resources are provided in good faith, the accuracy or validity of any information contained herein cannot be guaranteed. Neither the authors nor the publisher accept any responsibility or liability whatsoever for the use or misuse of the information contained in this document. The information contained here is intended solely for mental health professionals (MHPs) working with adult clients. Further, the information contained in this document in no way replaces the ethical responsibility of seeking consultation from others in your licensing field, practicing within your scope of expertise, and providing clients informed consent. Most of the research provided in this document is limited to beliefs and practices most prevalent in the United States.

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**Appendix A:**  
**SRRT Sample Questions (see text for discussion)**

<b>SRRT Concept</b>	<b>Sample Questions</b>
<b>Significance</b>	<p>I want to make sure I use the language that feels right or true for you. Do you like the word 'afterlife,' or is there another word you prefer? <i>and/or</i> Are there any other words you would like me to be mindful of using that best fit your belief system?</p> <p>Do you have any beliefs about the afterlife or about what happens after we die that you feel are important or that you would like to share with me?</p> <p>Are afterlife beliefs important to you in your grieving process? <i>and/or</i> How do your beliefs about the afterlife affect your beliefs or feelings about death/euthanizing your pet/your relationship with ____?</p> <p>Some people report receiving a visit from the deceased in their dreams or experiencing a sense of presence when awake. Some have experiences in which they glimpse the afterlife, such as in a near-death experience or at the bedside of a dying person. Have you had any spiritual experiences that you would like to share with me?</p> <p>Are there any aspects of your beliefs in an afterlife with which you are struggling?</p>
<b>Relationships</b>	<p>What kinds of gestures or rituals, if any, do you use to continue a relationship with the deceased or to keep their memory alive?</p> <p>Are there many times when you want to stop thinking about your deceased loved one, but you can't? <i>and/or</i> Are you having any distressing memories or thoughts come up about your deceased loved one or the relationship you had? If so, how are these distressing thoughts affecting your sleep, diet, or the way your body feels?</p> <p>Would you like to brainstorm with me ways that you can continue a relationship with your deceased loved one while continuing to get the most out of your relationships at work, with family and friends, and with your passions and hobbies?</p> <p>How does your relationship with the deceased inform or inspire your choices? Your relationships?</p>

## Appendix A (cont.)

SRRT Concept	Sample Questions
<p><b>Relationships (cont.)</b></p>	<p>Do your beliefs about the afterlife help you to make sense of or obtain meaning from (<u>event</u>)? <i>and/or</i> What meaning do you give to the visit you received from the deceased/the spiritual experience you had? <i>and/or</i> Has the visit from the deceased/spiritual experience/mediumship reading created any struggles for you?</p> <p>How have your beliefs in an afterlife changed over time? <i>and/or</i> Who or what experiences influenced your beliefs? <i>and/or</i> Have there been any changes in your beliefs that you think are important to share with me?</p>
<p><b>Resources</b></p>	<p>Do you have friends or family or a clergy person with whom you can discuss your beliefs about the afterlife? <i>and/or</i> Do you have friends or family or a clergy person with whom you can discuss your spiritual experience(s)?</p> <p>Do your beliefs in an afterlife bring you comfort or strength? <i>and/or</i> Did your spiritual experience(s) bring you comfort or peace? <i>and/or</i> Did your reading with a medium bring you comfort or peace?</p> <p>Would you like resources on scientific research that supports the existence of an afterlife?</p> <p>Would you like religious resources that address the afterlife?</p> <p>Would you like non-religious resources for grief support and education groups that acknowledge an afterlife? <i>and/or</i> Would you like non-religious education and support resources for persons who have had spiritual experiences similar to you?</p>
<p><b>Treatment</b></p>	<p>How may I best support you in our work together regarding your afterlife beliefs? <i>and/or</i> How may I best account for your afterlife beliefs while we work to alleviate some of the distress you have about (<u>event</u>)/your relationship with your ___ who died?</p> <p>How can I incorporate the wisdom you obtained from your spiritual experience into our work together? <i>and/or</i> How can I best support you in the struggles related to your spiritual experience?</p>

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