psychology international

MDPI

Article

The Emergent Post-Loss Experience (EPLE) in Grief Therapy: A Mixed-Method Study

Claudio Lalla [1,*] and Fabio D'Antoni [2]

[1] Network for Reparative Experience-Based Grief Therapy, 00100 Rome, Italy
[2] Child and Family Service, Azienda Sanitaria Universitaria Friuli Centrale (ASUFC), 33100 Udine, Italy; fabio.dantoni@asufc.sanita.fvg.it
* Correspondence: claudiolalla@gmail.com

Abstract

Emergent Post-Loss Experiences (EPLEs) are reported in experiential grief therapies such as Reparative Experience-Based Grief Therapy (REGT) and Induced After-Death Communication Therapy (IADC). Through these experiences, such approaches have demonstrated notable effectiveness and efficiency in the treatment of complicated grief. Yet their phenomenology and structure remain poorly defined, and no validated instruments are available for their assessment. The present study aims to address this gap by examining the phenomenological characteristics of EPLEs and developing a brief instrument for their assessment. Using a cross-sectional mixed-method design, an 87-item EPLE questionnaire was administered retrospectively to 64 former REGT patients alongside the Near-Death Experience (NDE) Scale. A qualitative phase was subsequently conducted to identify phenomenological domains of EPLEs, which informed the derivation of a 22-item EPLE Scale. The scale was examined using exploratory factor analysis, internal consistency, convergent validity, and network analysis. High inter-rater agreement supported the organization of EPLEs into four phenomenological domains: Contact, Sensoriality, Space/Time, and Impact. EPLEs were characterized by relational presence, multisensory perceptual features, altered spatial–temporal experience, and predominantly comforting and meaning-related effects. The EPLE Scale showed satisfactory internal consistency ($\omega = 0.79$). Exploratory factor analysis did not support a stable multidimensional structure, suggesting that the scale is more appropriately interpreted using a global score. Network analysis revealed a highly sparse configuration with selective conditional associations and two organizing nodes, indicating a policentric organization of the experience. Convergent validity was supported by a moderate-to-strong correlation with the NDE Scale ($\rho = 0.62$, $p < 0.001$). EPLEs appear to constitute complex and structured experiential configurations that may play a reparative role in relation to the loss and promote adaptive reorganization of the grieving process. The EPLE Scale provides a concise global measure for future research and clinical applications.

Keywords: After Death Communication (ADC); emergent post-loss experience (EPLE); grief therapy; near-death experience (NDE); Reparative Experience-Based Grief Therapy (REGT)

Check for updates

Academic Editor: Mosad Zineldin

Received: 24 December 2025
Revised: 31 March 2026
Accepted: 21 April 2026
Published: 27 April 2026

Copyright: © 2026 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license.

1. Introduction

After-Death Communications (ADCs) are defined as spontaneous experiential events characterized by a perceived encounter with a deceased individual (Streit-Horn, 2011).

Guggenheim and Guggenheim (1995) coined the term After Death Communication (ADC) after collecting more than 3300 firsthand accounts from approximately 2000 individuals who had experienced such phenomena. Due to the diversity of manifestations, this phenomenon is discussed in the academic literature under a variety of related terms, including Post-Death Contact (Klugman, 2006) and Sensory and Quasi-Sensory Experiences of the Deceased (Hewson et al., 2024; Kamp et al., 2020). The perceptual experience of an ADC may involve one or more sensory modalities, along with a felt sense of the deceased person's presence in the experiencer's immediate spatial proximity (Bennett & Bennett, 2000; Keen et al., 2013; Ratcliffe, 2021).

ADCs are recognized as a highly prevalent phenomenon, particularly among bereaved individuals. Prevalence estimates in the general population suggest that approximately one-third of individuals report having experienced at least one ADC during their lifetime (Haraldsson, 1989; Streit-Horn, 2011), while incidence estimates indicate that within the first year following a loss, approximately 80–85% of bereaved individuals report one or more ADCs (Streit-Horn, 2011). Taken together, these findings suggest that ADCs may represent a common component of bereavement rather than a rare or exceptional occurrence. However, the literature includes methodologically heterogeneous sources, ranging from clinical interview studies of bereaved individuals (e.g., Rees, 1971) to large-scale survey research in the general population (e.g., Greeley, 1975; Haraldsson et al., 1976; Haraldsson, 1989), as well as qualitative and case-based accounts (e.g., Fenwick & Fenwick, 2008) and a systematic review synthesizing heterogeneous findings (e.g., Streit-Horn, 2011), which differ in sampling procedures, definitions, and data collection methods. Accordingly, prevalence and incidence estimates should be interpreted with caution, as they may vary depending on these methodological and contextual factors.

Among those who report ADCs, the nature of the experience varies widely, though certain manifestations are frequently noted. The profound sense of the deceased person's presence is often the most common form, reported by approximately 39% to 52% of bereaved individuals (Cooper et al., 2015; Dein, 2025; Elsaesser et al., 2021). Specific sensory experiences, which can range in vividness, are also common, including visual manifestations (14% to 26%) and auditory experiences (13% to 30%) (Cooper et al., 2015; Dein, 2025). Experiences involving the sense of touch (tactile experiences) are also regularly reported as part of full sensory encounters, with prevalence estimates ranging from 2.7% to 13% across studies (Bennett & Bennett, 2000; Elsaesser et al., 2021; Haraldsson, 2009; Kamp et al., 2020; Keen et al., 2013). Tactile ADCs are often characterized by a physical sensing of the deceased person's body (Cooper et al., 2015; Penberthy et al., 2023). Some reports specifically describe experiencing touch such as a hug or caress (Keen et al., 2013).

The majority of bereaved individuals who experience ADCs report them as positive, serene, supportive, comforting and helpful in coping with their loss (Streit-Horn, 2011; Elsaesser et al., 2021; Penberthy et al., 2023). These encounter experiences often catalyze shifts in worldview, reinforcing religious or spiritual beliefs, affirming the possibility of an afterlife, and reducing death anxiety (Elfers et al., 2025; Kamp et al., 2020). This transformative potential may further foster profound personal and spiritual growth (Kamp et al., 2020). For many, ADCs facilitate the maintenance of a continuing bond with the deceased, providing opportunities resolving unfinished business, offering forgiveness, enabling the bereaved to continue relying on their loved one as an attachment figure, and conveying reassurance that the deceased is well (Nowatzki & Kalischuk, 2009; Kamp et al., 2020).

Despite the prevalence of positive outcomes, a minority of ADCs may manifest as a painful sense of absence when the experience ends or does not recur (Kamp et al., 2019, 2020). It should also be noted that ADCs often remain a "hidden" social phenomenon, as many individuals are reluctant to disclose them, fearing social stigma or the perception

that their experiences are maladjusted or associated with mental illness (Elsaesser et al., 2021; Hewson et al., 2024).

These considerations underscore the importance of structured, clinician-guided approaches that provide a therapeutic framework within which such experiences may emerge, be processed, and be integrated into the grieving process. In this vein, Induced After-Death Communication (IADC) therapy was initially formulated by Allan Botkin in 1995 as a modification of the EMDR procedure. He observed that his patients—combat veterans suffering from traumatic grief—unexpectedly reported experiences of communication with the deceased (Botkin, 2000; Botkin & Hogan, 2005). Accordingly, the technique was proposed as a structured clinical method specifically intended to facilitate encounter experiences with the deceased in a controlled therapeutic setting, thereby enabling the processing of complicated grief (Botkin & Hogan, 2005; Botkin & Hannah, 2013; Hannah et al., 2013).

Reparative Experience-Based Grief Therapy (REGT) was subsequently developed from IADC with the aim of increasing the proportion of patients who experience ADCs and of enhancing the depth, richness, and completeness of these experiences (D'Antoni & Lalla, 2026).

The phenomenology of Emergent Post-Loss Experiences is consistent with that of ADCs—visual, auditory, tactile, and olfactory perceptions—but tends to manifest in a heightened form, thereby contributing significantly to the grieving process (Botkin, 2000; Botkin & Hogan, 2005; D'Antoni et al., 2025; Lalla & D'Antoni, 2025). While ADCs can be brief and typically involve only a single sensory channel, Emergent Post-Loss Experiences (EPLEs)—that is, the lived experience of reunion with one's deceased loved ones occurring within experiential grief therapies such as Induced After-Death Communication (IADC) and Reparative Experience-Based Grief Therapy (REGT)—are generally multisensory, with visual and telepathic-verbal modalities being most frequently activated (Botkin, 2000; Botkin & Hogan, 2005; D'Antoni et al., 2025; Lalla & D'Antoni, 2025). The EPLE construct is intended as a phenomenological descriptor that emphasizes the lived experience of the phenomenon while remaining agnostic as to its ontological status.

Furthermore, EPLEs frequently manifest partial phenomenological overlap with Near-Death Experiences (NDEs) (Botkin, 2000; Botkin & Hogan, 2005; Lalla & D'Antoni, 2025). NDEs are defined as experiential episodes that typically arise under conditions of clinical death followed by resuscitation. The term "near-death experience" (NDE) was first introduced by Moody (1975), who provided the earliest systematic characterization of these phenomena. Characterized by rich content may include features commonly associated with mystical experiences, NDEs involve sensations that transcend ordinary experience, commonly including the perception of a non-ordinary, otherworldly reality, as well as encounters with deceased loved ones (Greyson, 1983). Despite the growing body of research on NDEs, the field remains theoretically fragmented, with no consensus regarding their nature or origin (Barreto, 2025). These phenomena most commonly occur during clinical death followed by resuscitation and are frequently associated with enduring transformations in the experiencer's attitudes and beliefs, often including a reduction in the fear of death (Greyson & Pehlivanova, 2025). NDEs and NDE-like EPLEs may be conceptualized as variations of a broader underlying experiential phenomenon, sharing core phenomenological features and exhibiting a common capacity to disclose meaning and facilitate psychological transformation (Lalla & D'Antoni, 2025). In a previous study on EPLEs occurring during IADC Therapy, the domain profile of NDE-like EPLEs showed relatively higher scores in the Transcendental and Affective domains, with the Cognitive domain in an intermediate position and the Paranormal domain showing the lowest scores (Lalla & D'Antoni, 2025). Encounters with deceased relatives represent a significant and frequently reported feature of NDEs and NDE-like EPLEs, often described as vividly real and interactive sensory events

(Greyson & Pehlivanova, 2025; Kelly, 2001). Such encounters are frequently characterized by the perception of the deceased as appearing younger, healthy, and serene, along with a highly positive affective tone reported by the experiencer.

Experiential encounters with deceased loved ones consistently reach very high levels of intensity in NDE-like EPLEs (Lalla & D'Antoni, 2025), suggesting that, despite the markedly different eliciting conditions—clinical death in NDEs versus therapeutic facilitation in IADC and REGT—both may reflect variations in a shared underlying process.

Aims of the Study

Although IADC Therapy and Reparative Experience-Based Therapy have demonstrated significant clinical effects in reducing grief-related distress and fostering emotional healing (D'Antoni et al., 2025), empirical research on the phenomenology of EPLEs remains limited. In a previous study, we identified two distinct types of EPLEs: NDE-like and ADC-like (Lalla & D'Antoni, 2025). Other research primarily focused on therapeutic outcomes or on descriptive clinical observations, leaving a substantial gap in the systematic phenomenological characterization of EPLEs, as well as in the evaluation of two key components that may underlie and modulate therapeutic effectiveness: the intensity of the experience and the relative salience of its different experiential components.

Therefore, the present study pursued two main objectives. First, it aimed to deepen the empirical understanding of how previously treated patients subjectively experienced EPLE, providing a systematic examination of key phenomenological aspects typically reported, such as seeing the deceased and the otherworldly environment in which the experience unfolds, experiencing tactile sensations of contact, communicating with the deceased, and experiencing intense feelings of comfort. Second, it sought to propose and preliminarily validate a new measurement tool—the Emergent Post-Loss Experience Scale (EPLE Scale)—designed to capture the core dimensions of this phenomenon in a standardized and psychometrically sound manner.

2. Materials and Methods

2.1. Study Design

The present study employed a cross-sectional mixed-method design with retrospective data collection to examine the phenomenological characteristics of Emergent Post-Loss Experiences (EPLEs) occurring within the context of Reparative Experience–Based Grief Therapy (REGT). The design integrated a qualitative phase aimed at identifying phenomenological domains and quantitative statistical analyses for scale development.

2.2. Study Participants

Participants were former psychotherapy patients who had completed Reparative Experience-Based Grief Therapy (REGT). Inclusion criteria were that participants had completed the REGT protocol and were able to retrospectively report an Emergent Post-Loss Experience (EPLE). Participants were recruited through an anonymous online survey distributed to former REGT patients who had agreed to be contacted for research purposes. Responses with incomplete data were excluded from the analyses.

The final sample included 64 participants. The mean age of the participants was 55.59 years (SD = 10.52; range = 33–80). The mean time elapsed since the reported EPLE was 35.99 months (SD = 31.78; range = 0.25–120 months). Participant characteristics are presented in Table 1.

Table 1. Participant characteristics.

Variable	*n*	%
Gender		
Male	6	9
Female	58	91
Marital Status		
In a Relationship (Married, Cohabiting)	31	48
Not in a Relationship (Single, Divorced, Widowed)	33	52
Education Level		
Secondary or lower	17	27
Bachelor/Master degree	38	59
Postgraduate education	9	14
Employment Status		
Employed	49	77
Not employed	15	23
Religious Orientation		
Religious (affiliated)	34	53
Spiritual but not religious	25	39
Non-religious (Atheist or Agnostic)	5	8
Previous NDE Experience		
Yes	5	8
No	59	92
Previous ADC Experience		
Yes	36	56
No	28	44
EPLE Contact Category		
Parent	27	42
Sibling	7	11
Partner	21	33
Child	17	27
Extended family	10	16
Friend	3	5
Animal companion	9	14

Note. Percentages for EPLE contact categories may exceed 100% because some participants reported experiences involving more than one relational category.

Given the exploratory nature of the study and its aim to develop a preliminary assessment tool, the sample size was considered adequate for initial scale development and exploratory statistical analyses. Although relatively modest, the sample size is comparable to those used in other preliminary scale development studies, where the primary aim is to identify core experiential dimensions and generate an initial measurement instrument.

2.3. Procedure

2.3.1. Item Pool Development and Qualitative Phase

The Emergent Post-Loss Experience Questionnaire (EPLE-Q) was constructed by the authors specifically for the present study through an iterative, mixed-method process integrating qualitative and quantitative components. Item generation was grounded in systematic clinical observations derived from Reparative Experience–Based Grief Therapy (REGT), focusing on emergent experiential phenomena occurring within the therapeutic context. This approach was intended to ensure strong clinical relevance and direct correspondence with the phenomenology of EPLEs as observed in therapeutic practice. While EPLEs are conceptually distinct from phenomena such as after-death communications

(ADCs) and near-death experiences (NDEs), these bodies of research were considered at a later stage to examine potential phenomenological overlaps and convergent validity. Consistent with a phenomenological and clinically oriented framework, the questionnaire was designed to remain ontologically agnostic. The EPLE-Q focuses exclusively on participants' subjective reports of lived experience, without presupposing or endorsing specific metaphysical interpretations regarding the nature, origin, or ontological status of the perceived phenomena. This structure of the questionnaire was conceived as a set of co-constitutive phenomenological dimensions rather than as hierarchical or causally ordered components.

Prior to item generation, a qualitative phase was conducted to identify recurrent phenomenological domains of Emergent Post-Loss Experiences (EPLEs). Descriptions of EPLEs reported by patients undergoing REGT were examined through an iterative coding process informed by clinical observation. Two researchers independently reviewed the narratives and identified recurring experiential themes; discrepancies were resolved through discussion until consensus was reached. These qualitatively derived domains provided the conceptual basis for item generation.

On this basis, an initial pool of 87 items was generated. The items were then independently reviewed by two authors and provisionally assigned to conceptual domains according to their primary experiential content. The domains were not imposed as fixed a priori categories but were progressively refined through iterative comparison of independent classifications and discussion of discrepancies. This process was repeated across successive rounds until a coherent and stable classification was achieved.

Inter-rater agreement on item assignment was subsequently quantified, and the convergence of independent classifications resulted in the identification of four phenomenological dimensions that structure the EPLE-Q: Contact, Sensoriality, Space/Time, and Impact. These domains refer to the full 87-item EPLE questionnaire and were retained as a conceptual framework for descriptive analyses and for subsequent scale development, rather than as psychometric subscales.

2.3.2. Development of the EPLE Scale

All 64 participants completed the 87-item EPLE-Q. During preliminary inspection of item-level responses within the Impact domain, a systematic interpretative pattern emerged for items assessing negative emotional states (e.g., fear, anxiety, sadness). To preserve phenomenological coherence, five distress-related items were excluded from domain-level analyses due to interpretative ambiguity, as participants tended to interpret them not as reflecting distress generated by the EPLE, but rather as referring to the abreaction phase of grief-related pain preceding the EPLE or to distress associated with its termination, resulting in a reduction from 87 to 82 items.

The phenomenological domains were retained solely as a conceptual framework for item selection and interpretation and were not treated as latent dimensions. Item selection from the remaining 82 items was guided by combined theoretical and empirical criteria, including (a) high endorsement frequency (responses of 4–5), reflecting recurrent experiential features, and (b) the inclusion of key items representing phenomenologically central aspects of the experience, even when less frequently endorsed.

A 22-item EPLE Scale capturing the core experiential features of EPLEs was subsequently derived through data-driven item reduction to enable quantitative analyses. All analyses were therefore based on the same sample, as the EPLE Scale was not administered separately. The full EPLE Scale is reported in Appendix A. The item reduction process is summarized in Figure 1.

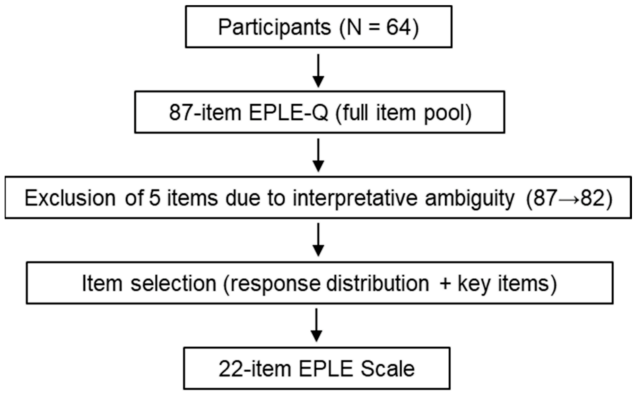


Figure 1. Flow diagram of the EPLE Scale development process. All participants (N = 64) completed the 87-item EPLE-Q. Five distress-related items were excluded due to interpretative ambiguity regarding the source of distress (87 → 82). Item selection was then based on response distribution and key item inclusion. The 22-item EPLE Scale was subsequently derived from the same dataset and was not administered separately.

2.3.3. Eligibility Criteria and Administration

Data collection took place between 29 March and 21 April 2025 using an online survey platform. Participants were approached via email by the therapist who had previously conducted their REGT sessions. The email included a brief description of the study's aims, an invitation to participate voluntarily, and a secure link to the informed consent form and questionnaire. Written informed consent was obtained from all participants via an online consent form prior to accessing the survey. The therapist's role was limited to recruitment and invitation, and no identifying information was accessible to the therapist. After providing informed consent, participants accessed the anonymous online survey, which incorporated the EPLE-Q and the Italian version of the NDE Scale. Participants were instructed to complete the questionnaire retrospectively, responding exclusively on the basis of their personal EPLE. To minimize potential response bias related to the prior therapeutic relationship, participation was voluntary, the survey was fully anonymous, and no identifying information was accessible to the therapist.

Eligible participants were former psychotherapy patients of the first author who had previously completed REGT and were no longer engaged in treatment at the time of recruitment. Individuals with a diagnosis of psychotic disorder had been excluded from REGT and were therefore not eligible for participation in the study. Although the time elapsed since the death of the loved one was not systematically recorded, all participants had experienced the loss at least six months prior to undergoing REGT, consistent with standard clinical practice.

Participation in the study was entirely voluntary, anonymity was guaranteed, and no financial compensation was provided. As stated in the informed consent form, participants retained the right to withdraw from the study at any time without consequence. All procedures adhered to the Declaration of Helsinki and to the Code of Ethics of the National Board of Italian Psychologists, and written informed consent was obtained by the psychotherapist involved.

2.4. Measures

The survey consisted of two questionnaires: the Emergent Post-Loss Experience Questionnaire (EPLE-Q) and the Near-Death Experience (NDE) Scale. Participants completed the full 87-item EPLE-Q and the NDE Scale. The 22-item EPLE Scale was derived from the EPLE-Q responses through data-driven item reduction and was not administered separately.

The EPLE-Q is an 87-item questionnaire structured around a set of co-constitutive phenomenological dimensions: (1) Contact (33 items), referring to who is perceived; (2) Sensoriality (22 items), reflecting how the experience is perceptually constituted; (3) Space and Time (12 items), describing where the experience is situated, and capturing its temporal configuration; and (4) Impact (15 items), addressing emotional and cognitive consequences of the experience. Items were rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Five distress-related items within the Impact domain were excluded from subsequent analyses due to interpretative ambiguity (see Section 3.3.4).

Of the 87 initial items, five distress-related items from the Impact domain were excluded due to ambiguity in interpretation. All subsequent analyses were conducted on the remaining 82 items.

To examine convergent validity, the Near-Death Experience (NDE) Scale (Greyson, 1983) was administered. The scale comprises 16 items organized into four domains (Cognitive, Affective, Paranormal, and Transcendental), with total scores ranging from 0 to 32, and a conventional cut-off score of $\geq$7 indicating the presence of an NDE. Participants completed the Italian validated version of the NDE Scale (Pistoia et al., 2018) with reference to their EPLE during REGT.

2.5. Statistical Analyses

The sample size reflects the number of eligible former patients who had completed REGT and agreed to participate during the data collection period. Given the exploratory design and the limited availability of this specific clinical population, an a priori power analysis was not conducted. Inter-rater agreement for the assignment of EPLE-Q items to conceptual domains was assessed using Cohen's kappa coefficient (κ), along with percentage agreement and 95% confidence intervals. The resulting consensus classification was used to structure domain-based descriptive analyses. The domain structure reported below refers to the 82 items retained for analysis following the exclusion of five distress-related items from the original 87-item pool due to interpretative ambiguity.

The 22-item EPLE Scale, derived from this item set, was used for subsequent psychometric analyses. The 22-item EPLE Scale was then examined using an exploratory factor analysis (EFA) based on a Pearson correlation matrix, minimum residual extraction, and oblimin rotation. Although the sample size was relatively modest (N = 64), methodological literature suggests that such sample sizes may be acceptable in early-stage scale development and exploratory analyses, particularly when the aim is to identify preliminary structures rather than confirm them (DeVellis, 2017; Costello & Osborne, 2005; de Winter et al., 2009; Worthington & Whittaker, 2006).

Despite this, the item set was factorable, the EFA did not yield a stable or interpretable latent structure, with solutions characterized by limited item saturation and substantial cross-loadings. These findings suggest that the EPLE Scale items are not adequately represented as reflective indicators of distinct latent variables.

Convergent validity was examined through the association between EPLE Scale scores and scores on the NDE Scale, given the hypothesized phenomenological overlap between EPLEs and near-death experiences.

In light of the limitations of latent variable modeling for these data, a network analysis was conducted to examine the conditional dependency structure among EPLE Scale items. The network was estimated using structure-learning procedures appropriate for small samples, with the aim of identifying robust associations among experiential components rather than maximizing network density.

In this exploratory framework, relatively central or "organizing" nodes are understood as nodes showing a higher degree of connectivity within the observed network structure. Because the analysis was descriptive in nature, formal centrality metrics (e.g., strength, closeness, or betweenness) and bootstrapped stability analyses were not computed.

2.6. Ethical Considerations

Participation in the study was voluntary and anonymous. All participants were informed about the purpose of the study and provided informed consent before completing the online survey. No personally identifiable information was collected, and responses were analyzed in aggregated form. Because the study involved retrospective self-reports collected through an anonymous survey from former psychotherapy patients and did not involve any intervention or access to clinical records, no formal ethics committee approval was obtained for this study. Given the retrospective design and the fully anonymized nature of the dataset, the study complied with applicable ethical and professional standards.

3. Results

3.1. Sample Characteristics

The sample included 64 participants (6 males and 58 females). Sociodemographic and background characteristics are summarized in Table 1. Regarding religious orientation, 53% identified as religiously affiliated (almost all of whom were Roman Catholic), 39% as spiritual but not religious, and 8% as non-religious (atheist or agnostic). Only 8% reported a previous near-death experience (NDE), whereas 56% reported prior after-death communication (ADC) experiences. Previous experiences most frequently involved deceased parents (42%), followed by partners (33%), children (27%), extended family members (16%), animal companions (14%), siblings (11%), and friends (5%). These variables were collected to describe participants' background exposure to related exceptional experiences but were not included as covariates in the statistical analyses due to the exploratory nature of the study and the relatively small sample size.

3.2. Interrater Agreement

Interrater agreement for the assignment of items to the four conceptual domains of the EPLE-Q was assessed using Cohen's unweighted kappa. Agreement was excellent, $\kappa = 0.95$, 95% CI [0.90, 1.00], corresponding to 96.8% of the maximum possible kappa given the observed marginal distributions.

Having established excellent inter-rater agreement for item assignment to the four conceptual domains, we subsequently examined the phenomenological characteristics of each dimension of the EPLE Questionnaire. Results are presented by domain, integrating quantitative findings with qualitative material derived from open-ended responses.

3.3. Phenomenological Characteristics by Domain

3.3.1. Contact

The Contact domain assessed experiences involving the perceived presence of, and interaction or communication with, deceased loved ones or other non-ordinary entities. Most participants reported a clear and well-defined sense of the deceased's presence ($M = 4.41$, $SD = 0.97$), with 82.81% endorsing high agreement (responses of 4–5). This sense of presence was typically described as phenomenologically distinct from symbolic or memory-based forms of connection and, in many cases, was perceived as temporally bounded and occurring unexpectedly rather than being intentionally evoked.

Communication within the Contact domain was frequently described as reciprocal and relationally attuned. A large proportion of participants reported bidirectional communica-

tion (M = 4.33, SD = 1.21; % $\geq$ 4 = 81.25%) and the direct perception of the deceased's love (M = 4.63, SD = 0.79; % $\geq$ 4 = 89.06), affective states (M = 4.25, SD = 1.22; % $\geq$ 4 = 79.69%), without reliance on spoken language or nonverbal perceptual imagery of the deceased loved one, but rather through experiences described as affective telepathy (i.e., the direct mind-to-mind perception of the deceased's affection) and emotional-state telepathy (i.e., the direct mind-to-mind perception of the deceased's specific emotional states). Verbal communication was predominantly experienced as personally directed and grounded in the shared relational history with the deceased (M = 4.61, SD = 0.97; % $\geq$ 4 = 92.19%), and as motivated by love and reassurance (84.38% and 89.06%, respectively).

Visual perceptions of the deceased—either partial or whole—were also frequently reported (M = 4.30, SD = 1.29; % $\geq$ 4 = 82.81%), sometimes occurring in the presence of other figures, including relatives, animals, or unfamiliar entities. Embodied aspects of contact were salient for a substantial proportion of participants, with tactile contact endorsed by over half of the sample (M = 3.31, SD = 1.83; % $\geq$ 4 = 53.13%). Auditory and olfactory perceptions were less frequent but nonetheless present in a subset of experiences, contributing to the multisensory quality of the encounter.

Overall, items within the Contact domain showed consistently high levels of endorsement for experiences reflecting perceived presence, relational reciprocity, and affective attunement. Descriptive statistics for individual items are reported in Table 2.

Table 2. Contact domain: Item-level descriptive statistics.

Item	Item Label (Short Description)	M	SD	% $\geq$ 4
C01	Perceived presence of the deceased nearby	4.41	0.97	82.81
C02	Love emanating from the deceased's presence	4.63	0.79	89.06
C03	Perception of the deceased's emotions	4.25	1.22	79.69
C04	Visual perception of the deceased (partial or full)	4.30	1.29	82.81
C05	Recognition of the deceased by voice or habitual speech	3.83	1.61	67.19
C06	Bidirectional communication with the deceased	4.33	1.21	81.25
C07	Clarification of initially unclear messages	2.95	1.65	46.88
C08	Expression of humor by the deceased	3.64	1.65	65.63
C09	Communication with companion animals	2.06	1.74	26.56
C10	Communication with non-companion animals	1.56	1.34	14.06
C11	Perception of music or musical sounds	1.63	1.39	14.06
C12	Tactile contact with the deceased	3.31	1.83	53.13
C13	Recognition through a distinctive tactile gesture	2.70	1.79	37.50
C14	Perception of scents associated with the deceased	1.88	1.41	18.75
C15	Personally directed communication based on shared history	4.61	0.97	92.19
C16	Communication motivated by love	4.44	1.04	84.38
C17	Reassuring communication from the deceased	4.53	1.01	89.06
C18	Perceived closeness in everyday life	4.34	1.21	82.81
C19	Perception of signs of the deceased's closeness	3.34	1.70	54.69
C20	Request for forgiveness addressed to the deceased	2.31	1.72	29.69
C21	Communication that death occurred at a predetermined time	2.44	1.75	31.25
C22	Report that the deceased was welcomed after death	3.30	1.89	57.81
C23	Information about the deceased's new form of existence	3.78	1.62	70.31
C24	Receipt of criticism from the deceased	1.50	1.17	10.94
C25	Moments of disagreement with the deceased	1.64	1.26	10.94
C26	Messages to be delivered to other people	2.03	1.59	21.88
C27	Receipt of previously unknown, later verified information	1.89	1.47	17.19
C28	Guidance about one's life from the deceased	3.00	1.70	43.75
C29	Communication with previously unknown deceased persons	1.80	1.47	17.19
C30	Communication with otherworldly beings	1.73	1.47	15.63
C31	Contact and communication with the Light	1.97	1.54	21.88
C32	The deceased asks for forgiveness	1.98	1.48	20.31
C33	The griever's life must continue to fulfill earthly tasks.	2.36	1.62	25.00

Note. Items were rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). The column "% $\geq$ 4" indicates the proportion of participants endorsing each item with a response of 4 ("agree") or 5 ("strongly agree").

3.3.2. Sensoriality

The Sensoriality domain assesses sensory perception during the experience, including changes in the intensity of ordinary sensory modalities, the integration of multiple perceptual perspectives (at times organized in a manner analogous to a cinematic montage), and the emergence of non-ordinary sensory modalities. Perceptual visual imagery, that is, imagery experienced as having perception-like qualities in terms of vividness, externality, and relational presence, emerged as a central component, with most participants reporting highly vivid images. In this context, the distinction between vivid imagery and perception-like experience is best understood in terms of an overall experiential pattern rather than discrete categorical boundaries. Vivid imagery is typically experienced as internally generated, recognized as imagination, and often amenable to voluntary evocation and modulation; it represents the deceased without involving a sense of interaction. In contrast, EPLEs show a constellation of perception-like features when considered in terms of their phenomenological structure—that is, their mode of appearance and experiential configuration rather than their representational content. These features include a felt sense of external source, high experiential realism, experiential immediacy, and a relational quality involving a perceived interaction with the deceased. The term "perceptual visual imagery" is therefore used here in a descriptive phenomenological sense to denote imagery with perception-like qualities, and does not imply a diagnostic or ontological classification. A large proportion endorsed visual clarity levels comparable to ordinary perception (M = 4.11, SD = 1.25), with 81.25% reporting high endorsement (responses of 4–5), indicating that such imagery was experienced as perceptually robust rather than vague or imagined symbolic. Consistent with this pattern and reflecting the intensity of perceptual engagement during EPLE, a substantial proportion of participants reported enhanced sensory vividness (M = 3.66, SD = 1.41; % $\geq$ 4 = 57.81%).

Visual experience was frequently characterized by flexibility in perspective. First-person visual immersion was commonly reported (M = 3.88, SD = 1.45; % $\geq$ 4 = 65.63%), alongside external/observer perspectives (% $\geq$ 4 = 50.00%) and, in a substantial subset of cases, the perceptual standpoint of the deceased (% $\geq$ 4 = 45.31%). These perspectives were not mutually exclusive but often co-occurred within a single experiential scene, in a manner analogous to a cinematic montage, as reflected by a moderate frequency of reported perspective alternation (35.94%), suggesting a dynamic configuration of perceptual visual imagery.

Alterations in visual qualities were also common. Nearly half of participants reported perceiving non-ordinary colors (46.88%).

Auditory experiences varied in form. While a minority of participants perceived the deceased's communication as audible sounds or voices (34.38%), telepathic-verbal communication was highly prevalent (M = 4.17, SD = 1.40; % $\geq$ 4 = 76.56%), often described as thoughts entering consciousness directly. Consistently, most participants indicated that the origin of the communication could not be reduced to their ordinary flow of thoughts (M = 4.00, SD = 1.33; % $\geq$ 4 = 71.88%).

Somatic and spatial aspects of sensoriality were also prominent. Many participants reported kinesthetic sensations (M = 3.42, SD = 1.82; % $\geq$ 4 = 57.81%), as well as detachment from the surrounding physical environment (M = 3.53, SD = 1.48; % $\geq$ 4 = 59.38%), or an experience of partial separation from the physical body itself (M = 3.09, SD = 1.63; % $\geq$ 4 = 46.88%), without complete loss of bodily awareness. Tactile perceptions extending to animals ($\geq$4 = 14.06) or objects ($\geq$4 = 17.19) were relatively uncommon, and gustatory sensations were rare ($\geq$4 = 6.25%).

Ineffability emerged as a salient feature of sensorial experience. A majority of participants reported difficulty in adequately describing aspects of the experience (M = 3.80, SD = 1.56; (≥4 = 65.63%), particularly its emotional and visual qualities. Descriptive statistics for individual items within the Sensoriality domain are reported in Table 3.

Table 3. Sensoriality domain: Item-level descriptive statistics.

Item	Item Label (Short Description)	M	SD	% ≥ 4
S01	Presence perceived as distinct from symbolic bereavement feelings	4.31	1.02	84.38
S02	Unexpected occurrence of perceived presence	3.97	1.14	62.50
S03	Presence with a clearly defined beginning and end	4.41	0.99	84.38
S04	Visual clarity comparable to ordinary perception	4.11	1.25	81.25
S05	First-person visual perspective	3.88	1.45	65.63
S06	Visual perspective from the deceased's point of view	3.09	1.73	45.31
S07	External/observer visual perspective	3.30	1.73	50.00
S08	Written-form communication	1.86	1.51	18.75
S09	Alternation between visual perspectives	2.80	1.73	35.94
S10	Partial separation from the physical body	3.09	1.63	46.88
S11	Detachment from the surrounding physical environment	3.53	1.48	59.38
S12	Auditory perception of the deceased's voice	2.67	1.76	34.38
S13	Telepathic-verbal communication	4.17	1.40	76.56
S14	Communication not reducible to ordinary thoughts	4.00	1.33	71.88
S15	Tactile perceptions from contact with animals	1.56	1.34	14.06
S16	Tactile perceptions from contact with objects	1.81	1.47	17.19
S17	Gustatory perceptions	1.30	0.99	6.25
S18	Simultaneous external observation and internal sensation	2.34	1.70	29.69
S19	Kinesthetic perception	3.42	1.82	57.81
S20	Ineffability of aspects of the experience	3.80	1.56	65.63
S21	Enhanced sensory vividness	3.66	1.41	57.81
S22	Reduced perception of the physical body	3.14	1.61	43.75

Note. Items were rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). The column "% ≥ 4" indicates the proportion of participants endorsing each item with a response of 4 ("agree") or 5 ("strongly agree").

3.3.3. Space and Time

The Space and Time domain captured the spatial and temporal configuration of the experiential context in which the EPLE unfolded. With respect to spatial features, most participants reported perceiving a surrounding environment in which the deceased was present (M = 3.95, SD = 1.51), with 73.44% endorsing high agreement (responses of 4–5), indicating that the experience was not limited to interpersonal contact but embedded within a structured experiential setting.

The environments described were heterogeneous yet showed recurrent phenomenological patterns. Qualitative reports frequently referred to luminous natural landscapes characterized by elements such as water, open spaces, vegetation, and diffuse light. In other cases, environments were described as familiar or autobiographical places, whereas a smaller subset involved non-specific or suspended spaces not clearly referable to ordinary physical locations.

A substantial proportion of participants reported that the perceived environment differed qualitatively from everyday terrestrial settings. This was reflected in the high prevalence of experiences described as occurring in a supernatural or non-ordinary world (M = 3.86, SD = 1.40; % ≥ 4 = 64.06%). Commonly reported features included non-ordinary light, intensified or emotionally charged colors, and a pervasive sense of peace, lightness, or emotional calm. In some accounts, the environment appeared amplified or altered relative to everyday reality, occasionally incorporating phenomena not compatible with ordinary physical constraints. Environmental dynamics were also reported, with some participants describing the setting as capable of changing abruptly—often in relation to the deceased's will—whereas others reported continuity of the environment throughout the experience.

Auditory and olfactory elements contributed to the spatial configuration of the experience. Perceptions of sounds originating from an otherworldly environment were reported by approximately one third of participants (M = 2.45, SD = 1.73; % $\geq$ 4 = 34.38%), whereas olfactory perceptions were less frequent (M = 1.89, SD = 1.53; % $\geq$ 4 = 20.31%). When present, these sensory elements further reinforced the sense of being situated within a coherent experiential environment rather than an abstract or imaginal space.

With respect to temporal features, the Space and Time domain also captured marked alterations in the subjective experience of time during the EPLE. In this context, "re-experiencing" refers to the vivid reliving of past events with a sense of presentness, such that the experience is felt as occurring again in the present rather than being merely remembered or imagined. A subset of participants reported re-experiencing past events, including personal memories unrelated to the deceased (23.44%), shared autobiographical moments with the deceased (35.94%), and episodes from the deceased's past in which the participant had not been present (26.56%). These temporal reactivations were less prevalent than other experiential features and were predominantly reported at moderate levels of endorsement.

Changes in the flow of time were more commonly reported. Over half of participants indicated a qualitative alteration in temporal perception (M = 3.36, SD = 1.74; % $\geq$ 4 = 56.25), most frequently described as a suspension, dissolution, or qualitative transformation of ordinary time. Participants often referred to time as "suspended" or "no longer flowing," suggesting a departure from linear temporal organization despite substantial interindividual variability.

Experiences involving future-oriented scenes were rare (6.25%), indicating that future-oriented experiential content was not a prominent component of the EPLE. Similarly, a small proportion of participants reported experiences involving scenes or narratives referring to past lives (M = 1.63, SD = 1.32; % $\geq$ 4 = 12.50). Given their low prevalence, these reports were treated descriptively and were not considered central to the temporal structure of the experience.

Overall, the Space and Time domain was characterized by immersive, non-ordinary spatial environments and by alterations in the subjective flow of time, resulting in non-linear and flexible temporal configurations. In these configurations, past events were often relived as present experiential realities rather than retrieved through autobiographical recall, occasionally from shifting first- and third-person perspectives. Descriptive statistics for individual items within the Space and Time domain are reported in Table 4.

Table 4. Space and Time domain: Item-level descriptive statistics.

Item	Item Label (Short Description)	M	SD	% $\geq$ 4
ST01	Perception of environmental elements surrounding the deceased	3.95	1.51	73.44
ST02	Perception of a non-ordinary light	3.73	1.70	64.06
ST03	Perception of non-ordinary colors	3.13	1.70	46.88
ST04	Perception of sounds from an otherworldly environment	2.45	1.73	34.38
ST05	Perception of odors from an otherworldly environment	1.89	1.53	20.31
ST06	Re-experiencing of personal past moments	2.13	1.61	23.44
ST07	Re-experiencing of shared past moments with the deceased	2.55	1.75	35.94
ST08	Re-experiencing of moments from the deceased's past	2.31	1.69	26.56
ST09	Perception of scenes from the future	1.36	1.03	6.25
ST10	Altered perception of time	3.36	1.74	56.25
ST11	Experience of being in an otherworldly environment	3.86	1.40	64.06
ST12	Experience of past-life scenes or narratives	1.63	1.32	12.50

Note. Items were rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). The column "% $\geq$ 4" indicates the proportion of participants endorsing each item with a response of 4 ("agree") or 5 ("strongly agree").

3.3.4. Impact

The Impact domain captured the perceived emotional, cognitive, and existential consequences of the Emergent Post-Loss Experience.

During preliminary inspection of item-level responses within the Impact domain, a systematic response pattern emerged for items assessing negative emotional states (fear, anxiety, sadness, anger, and frustration). Qualitative examination of open-ended responses indicated that these items were frequently interpreted by participants as referring to the pain of loss elicited during the abreaction phase preceding the EPLE, rather than to the EPLE itself. In other cases, qualitative examination of open-ended responses indicated that negative emotional reactions reflected the perceived absence or incompleteness of the experience itself, or were associated with the necessity of returning to ordinary reality following an otherwise positive experience. Finally, in rare instances, reactions were transient and linked to a specific experiential content rather than to the experience as a whole. Overall, such reactions were not indicative of negative evaluations of the EPLE itself. This decision was made during the analytic phase after examining item responses and qualitative comments provided by participants and was therefore not preregistered.

Given this consistent interpretative mismatch, distress-related items were excluded from the present Impact-domain analyses and from all subsequent analyses involving this domain, resulting in a reduced set of 82 items from the original 87-item pool. This decision was guided by phenomenological coherence and aimed to ensure that the Impact domain specifically captured emotional, cognitive, and existential consequences attributed to the EPLE rather than to grief-related distress more generally.

A substantial proportion of participants reported experiencing significant comfort and reassurance during the encounter. Comfort derived from tactile contact was endorsed by over half of the sample ($\geq$4 = 54.69%), while feeling encouraged not to remain stuck in pain was widely reported (M = 4.20, SD = 1.26; $\geq$4 = 79.69%). Positive emotional states were highly prevalent, with most participants describing the encounter as joyful and comforting (M = 4.39, SD = 0.97; $\geq$4 = 84.38%) and reporting a strong sense of peace and tranquility (M = 4.36, SD = 1.06; $\geq$4 = 78.13%).

A sense of safety and familiarity was also prominent. Many participants reported feeling perfectly safe during the experience (M = 4.25, SD = 1.16; $\geq$4 = 70.31%) and described the setting as "home-like" (M = 4.00, SD = 1.31; $\geq$4 = 64.06%). For a subset of participants, the encounter was so immersive and coherent that it was perceived as highly realistic and not attributable to autosuggestion (M = 4.20, SD = 1.20; $\geq$4 = 71.88%).

Beyond immediate emotional effects, participants reported substantial cognitive and existential changes. A majority indicated changes in their views on death or the afterlife (M = 3.92, SD = 1.44; $\geq$4 = 65.63%), and a strong belief in eventual reunion with the deceased was one of the most consistently endorsed outcomes (M = 4.59, SD = 0.81; $\geq$4 = 87.50%). Participants also frequently reported that the experience helped them work through their grief (M = 4.42, SD = 0.96; $\geq$4 = 85.94%).

Broader meaning-making processes were also affected. Many participants endorsed having gained important life lessons ($\geq$4 = 75.00%), reported a significant impact on their spiritual growth ($\geq$4 = 73.44%), and described receiving insights into the meaning of life ($\geq$4 = 73.44%). Deepened awareness of core values was reported by a substantial proportion of the sample ($\geq$4 = 62.50%). Overall, the Impact domain reflects a multidomain influence of the EPLE across emotional responses, cognitive appraisals, and existential purpose, understood as a value-mediated life direction domains. Descriptive statistics for individual items within the Impact domain are reported in Table 5.

Table 5. Impact domain: Item-level descriptive statistics.

Item	Item Label (Short Description)	M	SD	% ≥ 4
I01	Comfort derived from tactile contact	3.30	1.87	54.69
I02	Encouragement not to remain stuck in pain	4.20	1.26	79.69
I03	Joyful and comforting encounter	4.39	0.97	84.38
I04	Sense of peace and tranquility	4.36	1.06	78.13
I05	Feeling perfectly safe	4.25	1.16	70.31
I06	Feeling "at home"	4.00	1.31	64.06
I07	Desire not to return to everyday life	3.16	1.67	43.75
I08	Subjective realism of the experience	4.20	1.20	71.88
I09	Change in views on death or the afterlife	3.92	1.44	65.63
I10	Belief in a future reunion with the deceased	4.59	0.81	87.50
I11	Help in working through grief	4.42	0.96	85.94
I12	Important life lessons	4.11	1.30	75.00
I13	Impact on spiritual growth	4.13	1.24	73.44
I14	Insights into the meaning of life	4.08	1.25	73.44
I15	Deepened awareness of core values	3.63	1.57	62.50

Note. Items were rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). The column "% ≥ 4" indicates the proportion of participants endorsing each item with a response of 4 ("agree") or 5 ("strongly agree").

3.4. Development and Preliminary Psychometric Evaluation of the EPLE Scale

3.4.1. Item-Level Properties and Scoring

A total EPLE Scale score was calculated by summing the 22 items, with higher scores indicating greater intensity and experiential richness of the emergent post-loss experience. The theoretical range of the total score was 22–110.

3.4.2. Exploratory Factor Analysis of the EPLE Scale

An exploratory factor analysis (EFA) was conducted on the 22 EPLE Scale items using a Pearson correlation matrix, minimum residual extraction, and oblimin rotation. Sampling adequacy was acceptable, as indicated by the Kaiser–Meyer–Olkin measure (KMO = 0.72). Bartlett's test of sphericity was significant, $\chi^2(231) = 592.25$, $p < 0.001$, supporting the factorability of the correlation matrix.

Parallel analysis did not support a clear multidimensional structure. Extracted solutions were characterized by limited item saturation, substantial cross-loadings, and low internal consistency at the factor level. The chi-square goodness-of-fit test for the factor model was non-significant, $\chi^2(168) = 177.23$, $p = 0.298$, indicating no evidence of poor overall model fit but failing to support a robust and interpretable factor structure.

Given these results, together with the modest sample size and the conceptual rationale underlying the development of the EPLE Scale, the scale was retained as a unidimensional composite measure. Accordingly, all subsequent analyses were conducted using the total EPLE Scale score.

3.4.3. Internal Consistency of the EPLE Scale

In light of the exploratory factor analysis results, the EPLE Scale was examined as a global measure of emergent post-loss experience. The scale demonstrated satisfactory internal consistency. McDonald's omega was 0.79 (95% CI: 0.72–0.87) indicating adequate reliability for a newly derived measure.

3.4.4. Network Analysis of the EPLE Scale

A network analysis was conducted on the 22 items of the EPLE Scale to examine the conditional dependency structure among experiential elements. The estimated network

exhibited a relatively sparse configuration, characterized by selective inter-item connections rather than densely interconnected clusters (Figure 2).

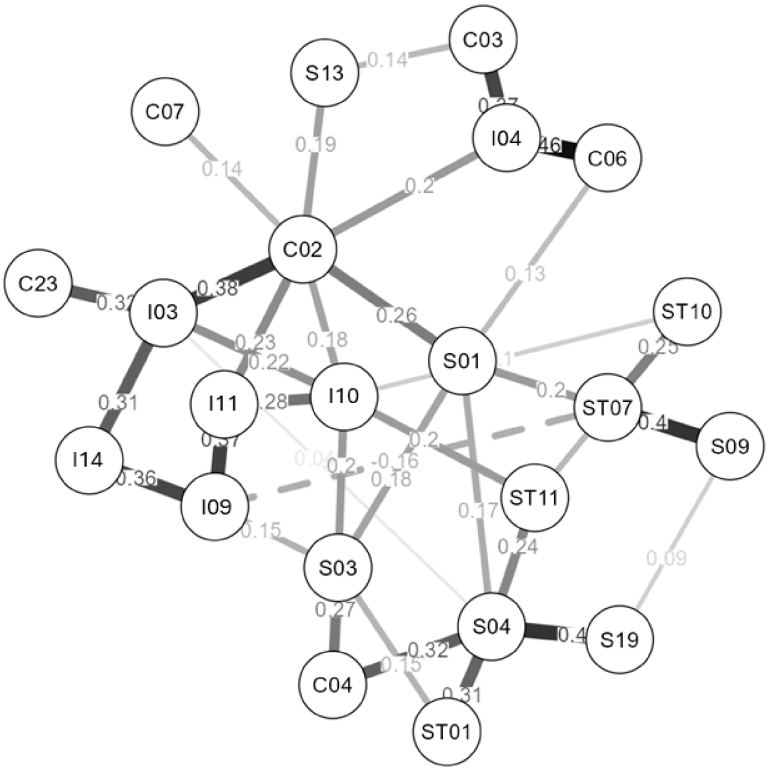


Figure 2. Network of the 22 EPLE Scale items. Nodes represent individual items, and edges represent conditional associations estimated by the model, with thicker and darker edges indicating stronger associations. The network shows a relatively sparse configuration with selective inter-item connections. Two organizing nodes are visible: C02, functioning as a primary relational–integrative node, and S04, functioning as a secondary perceptual–contextual hub. The network is presented as an exploratory representation of the relational organization of emergent post-loss experiences.

Inspection of the network revealed the presence of two organizing nodes with higher connectivity relative to other items. In this context, "organizing nodes" refer to nodes that appear relatively more connected within the network structure rather than to nodes identified through formal centrality indices. Item C02 ("Love emanating from the deceased's presence") emerged as the primary organizing node within the network, displaying the highest number of cross-domain conditional associations. C02 showed direct connections with items spanning multiple experiential domains, including I03 ("Joyful and comforting encounter"), I11 ("Help in working through grief"), I10 ("Belief in a future reunion with the deceased"), I04 ("Sense of peace and tranquility"), S01 ("Presence perceived as distinct from symbolic bereavement feelings"), S13 ("Telepathic-verbal communication"), and C07 ("Clarification of initially unclear messages"). It is noteworthy that the estimated network was relatively sparse, with a limited number of conditional associations among the possible item pairs. This suggests that the observed connections are not simply due to a general overlap among items but instead reflect specific relationships between particular components of the experience. This pattern indicates that C02 occupies a central position within the network, linking contact-related experiences with sensory and impact-related elements.

In addition to C02, item S04 ("Visual clarity comparable to ordinary perception") also emerged as a highly connected node. S04 displayed direct conditional associations with C04 ("Visual perception of the deceased, partial or full"), ST01 ("Perception of environmental elements surrounding the deceased"), ST11 ("Experience of being in a supernatural

world"), S01 ("Presence perceived as distinct from symbolic bereavement feelings"), and S19 ("Kinesthetic perception of movement"). Unlike C02, which showed strong associations with relational and impact-related items, S04 primarily connected sensory features with spatial and temporal aspects of the experience.

Overall, the network structure suggests a policentric organization of emergent post-loss experiences, with multiple organizing nodes contributing to different aspects of experiential coherence. This interpretation should be understood within the exploratory framework of network analysis, which models associations among experiential features rather than latent variables; accordingly, the analysis was not intended as a formal comparison with latent variable models (e.g., CFA or bifactor models), and model fit indices typically used in such approaches were not estimated. C02 functioned as a relational–integrative node, showing multiple cross-domain conditional associations, whereas S04 functioned as a perceptual–contextual node, together supporting the configuration of the experience as an interconnected experiential system rather than as separable latent dimensions.

3.4.5. Convergent Validity with the NDE Scale

Convergent validity of the EPLE Scale was examined by correlating the total EPLE Scale score with the total score of the Near-Death Experience (NDE) Scale using Spearman's rank-order correlation coefficient. The EPLE Scale total score showed a moderate-to-strong positive association with the NDE total score, $\rho = 0.62$, $p < 0.001$, indicating substantial overlap between emergent post-loss experiences and near-death experiential phenomena.

4. Discussion

4.1. Overview of the Main Findings

The present study provides an integrated quantitative and qualitative characterization of emergent post-loss experiences (EPLEs) reported following Reparative Experience–Based Grief Therapy (REGT) (D'Antoni & Lalla, 2026), combining a broad phenomenological mapping with psychometric evaluation. Independent classification of the 87-item EPLE Questionnaire yielded excellent inter-rater agreement, supporting the organization of descriptive findings into four phenomenological domains—Contact, Sensoriality, Space & Time, and Impact—and confirming the coherence of the underlying experiential framework. The four-domain structure reflects phenomenological patterns identified through qualitative analysis of experiential narratives and subsequently supported by high inter-rater agreement.

At the phenomenological level, EPLEs were most consistently characterized by a vivid and relationally attuned sense of contact with the deceased, frequently involving bidirectional communication and affective resonance. These relational features were commonly accompanied by perceptual qualities such as heightened perceptual clarity and vividness, along with telepathic-like verbal communication. Many experiences were further embedded in a coherent non-ordinary spatial setting and associated with alterations of temporality, most often described as a suspension or transformation of ordinary time. Finally, the Impact domain highlighted predominantly comforting and meaning-related consequences, including feelings of peace, perceived safety, and shifts in death-related beliefs and meaning-making.

With regard to scale development, the 22-item EPLE Scale (EPLE Scale) was retained as a global index of emergent post-loss experience. Although exploratory factor analysis supported the factorability of the item set, it did not yield a stable and interpretable multidimensional structure, consistent with treating the instrument as a composite measure rather than as a set of distinct subscales. Internal consistency of the total score was satisfactory, and convergent validity was supported by a moderate-to-strong positive association with the Near-Death Experience (NDE) Scale total score.

From a REGT perspective, the presence of multiple hubs with distinct organizing functions supports a configurational model of reparative experience. Relational integration (as reflected by C02) and perceptual–contextual anchoring (as reflected by S04) appear to represent complementary pathways through which emergent post-loss experiences achieve subjective coherence and reparative potential. Within the REGT framework, the centrality of C02 suggests that reparative experiences are primarily organized around perceived contact and relational engagement with the deceased, which function as integrative experiential nodes rather than as isolated emotional contents. By connecting sensory, impact-related, and communicative elements, C02 appears to facilitate a coherent experiential configuration through which reparative change can emerge.

In addition to the primary relational-integrative node (C02), the network analysis identified S04 as a secondary organizing node with a distinct functional role. S04 showed multiple direct connections with items spanning sensory (S01, S19), contact-related (C04), and space–time (ST01, ST11) domains, suggesting that it contributes to the perceptual–contextual organization of the experience rather than to its relational or meaning-related integration. Unlike C02, which links experiential contact with subjective impact and evaluation, S04 appears to anchor the experience at the level of perceptual coherence and situational embedding.

From a configurational perspective, the role of S04 can be understood as providing a stable experiential "scene" within which other experiential elements can unfold and interconnect. By linking sensory vividness with spatial–temporal continuity and elements of perceived contact, S04 may facilitate the subjective sense that the experience is occurring in a coherent experiential field, rather than as a collection of disjointed sensations or impressions. In this sense, S04 does not drive the experience, but contributes to its phenomenological plausibility and internal consistency.

Within the REGT framework, the emergence of a perceptual–contextual organizing node such as S04 is clinically meaningful. Reparative experiences are not conceptualized as purely emotional or symbolic events, but as experiences that are subjectively lived as real, situated, and internally coherent. S04 may thus function as an experiential scaffold that supports the integration of relational and affective elements by grounding them in a coherent perceptual and spatial–temporal context. The presence of such a scaffold may enhance the likelihood that the experience is perceived as credible and reparative, even though it does not in itself constitute the core reparative mechanism.

Taken together, these findings support the conceptualization of EPLEs as structured, non-pathological experiential configurations within bereavement, best captured by a global measure reflecting experiential intensity and richness rather than by independent latent dimensions.

Building on these findings, the present study integrates qualitative phenomenological grounding with quantitative modeling, allowing EPLEs to be first identified as structured experiential configurations emerging from clinical practice and subsequently examined through complementary statistical approaches. This mixed-methods framework strengthens the construct validity of the EPLE Scale by ensuring that item selection and organization are anchored in lived experience while also subjected to empirical evaluation. This integrative approach also provides a rationale for adopting configurational analytic frameworks, such as network analysis, which are better suited than latent-variable models to capture the organization of complex experiential phenomena such as EPLEs.

4.2. Phenomenological Characteristics of EPLEs

The phenomenological pattern emerging from the present findings aligns with, and extends, existing accounts of Induced After-Death Communication (IADC). Consistent with

prior qualitative and survey-based studies, EPLEs were predominantly characterized by a vivid sense of relational presence, sensory and perceptual features, affective attunement, and perceived reciprocity in communication, rather than by vague impressions or purely symbolic representations (Botkin, 2000; Lalla & D'Antoni, 2025). The high endorsement of items reflecting bidirectional communication, emotional resonance, and perceived intentionality supports the view that these experiences are subjectively lived as encounters rather than as internally generated fantasies or memories. This pattern is consistent with prior observations in both ADC and Near-Death Experience research (Greyson, 2000; Fenwick & Fenwick, 2008; Klass et al., 1996; Castelnovo et al., 2015).

Alterations in spatial and temporal experience contributed substantially to the coherence of the EPLE phenomenology. Many participants situated the encounter within a structured, non-ordinary environment, described as possessing its own internal consistency and organization, and reported a suspension or transformation of ordinary temporality rather than its habitual linear flow. Such features parallel descriptions of near-death experiences and other exceptional human experiences, in which lived spatiality and temporality are configured as a qualitatively distinct experiential "world" (Greyson, 2000; Martial et al., 2020).

Finally, the emotional impact of EPLEs was predominantly positive and regulatory, characterized by feelings of peace, safety, comfort, and joy. Moreover, such experiences may reinforce continuing bonds, which are currently conceptualized as potentially adaptive processes supporting a favorable course of bereavement rather than as indicators of unresolved grief or psychopathology (Klass et al., 1996; Neimeyer et al., 2014).

4.3. The EPLE Scale as a Global Experiential Index

The present findings support the conceptualization of the EPLE Scale as a global experiential index rather than as a multidimensional scale composed of distinct latent subscales. Although the reduced 22-item instrument demonstrated adequate internal consistency, exploratory factor analysis did not yield a stable or interpretable factorial structure. Rather than indicating a psychometric weakness, this pattern appears consistent with the phenomenological nature of the construct under investigation. This interpretation is consistent with the qualitative grounding of the scale, in which items were derived from phenomenologically distinct yet co-occurring experiential features. EPLEs are not defined by a single underlying trait or by a set of interchangeable indicators, but by the co-occurrence of heterogeneous experiential features that together form a coherent lived episode.

From this perspective, the absence of clearly separable factors reflects the integrative and configurational character of emergent post-loss experiences. Relational contact, perceptual vividness, spatial–temporal alterations, and affective impact do not function as independent components but are dynamically intertwined within the experience. Treating the EPLE Scale as a composite index allows these features to contribute cumulatively to the overall intensity and experiential richness without imposing artificial boundaries between phenomenological dimensions that are experientially inseparable.

This approach is consistent with broader discussions in psychological measurement concerning formative or composite constructs, in which items represent distinct facets that jointly define the construct rather than reflective indicators of a single latent variable. In such cases, internal heterogeneity is expected, and the interpretive focus shifts from subscale differentiation to the overall experiential profile captured by the total score. Accordingly, the EPLE Scale total score can be understood as an index of the degree to which an emergent post-loss experience is characterized by salient relational, perceptual, spatial–temporal, and meaning-related features.

4.4. Relationship Between EPLE and NDE

The observed association between emergent post-loss experiences and near-death experiences makes an important contribution to ongoing theoretical discussions on exceptional human experiences occurring at the boundaries of loss, threat, and transformation. In the present study, the EPLE Scale total score showed a moderate-to-strong positive correlation with the total score of the NDE Scale, supporting convergent validity while simultaneously indicating that the two phenomena are not redundant. This finding provides further support for the construct validity of the EPLE Scale, indicating that it captures phenomenological dimensions that overlap with, but are not reducible to, those observed in NDEs. A pattern of partial phenomenological overlap is therefore suggested, consistent with the hypothesis that EPLEs and NDEs may represent distinct manifestations within a broader experiential domain, rather than identical constructs.

Previous research on NDEs has consistently highlighted core experiential features such as heightened perceptual clarity, altered temporality, intense affective states—often characterized by peace and well-being)—and a profound sense of meaning or insight (Greyson, 2000; Martial et al., 2020). Notably, several of these elements were also prominent in the phenomenological profile of EPLEs observed in the present sample, including vivid perceptual qualities, experiences of temporal suspension, and meaning-related transformations. The observed convergence between EPLE Scale and NDE Scale therefore appears to reflect shared experiential dimensions rather than shared etiological conditions, as EPLEs occur within the context of bereavement and psychotherapeutic processing rather than life-threatening physiological events.

At the same time, the magnitude of the association indicates that EPLEs cannot be reduced to near-death–like phenomena. First, unlike NDEs, EPLEs are oriented toward reunion with a deceased loved one and arise within the context of grief. Accordingly, they typically lack core NDE features such as out-of-body experiences or a panoramic life review. Nevertheless, approximately half of EPLEs involve a partial separation from the physical body; nearly one quarter involve the re-experiencing of personal past moments as if they were occurring again in the present; and more than one third involve the re-experiencing of shared past experiences with the deceased, also accompanied by a sense of presentness.

Importantly, the present study remains agnostic with respect to ontological interpretations of these experiences, focusing instead on their subjective structure and psychological correlates.

Overall, the relationship between EPLEs and NDEs observed in the present study supports the view that emergent post-loss experiences occupy a meaningful position within the wider spectrum of exceptional human experiences. By empirically linking EPLEs to an established research tradition on NDEs, the present findings provide a conceptual bridge between grief research and the broader literature on transformative experiential phenomena, thereby opening avenues for future comparative and longitudinal investigations.

4.5. Clinical and Research Implications

Adopting a global scoring strategy also enhances the applicability of the EPLE Scale in both research and clinical contexts. As a concise composite measure, the scale can be readily used to quantify experiential intensity, to examine associations with related constructs, and to track changes over time, without overinterpreting subdimensions that lack empirical independence. Future studies with larger and more diverse samples may further examine the robustness and generalizability of the network-based organizational patterns observed in the present study.

4.5.1. Clinical Implications

From a clinical perspective, the present findings support the view that emergent post-loss experiences can represent meaningful and potentially adaptive components of the grief process. The phenomenological profile observed in this study—articulated across the dimensions of Contact, Sensoriality, Space & Time, and Impact— is consistent with contemporary models that emphasize the plurality of normative grief responses and the role of continuing bonds in post-loss adjustment (Klass et al., 1996; Neimeyer et al., 2014). Clinicians working with bereaved individuals may therefore benefit from adopting an open and non-pathologizing stance toward such experiences, facilitating their exploration and integration within the broader narrative of loss.

The EPLE Scale offers a brief and structured tool that can assist clinicians in identifying and monitoring the presence and intensity of emergent post-loss experiences in therapeutic settings. As a global index, the scale can be used to support clinical assessment, to guide reflective discussion with patients, and to track experiential changes over the course of grief-focused interventions, without imposing rigid categorical interpretations.

Finally, the use of a standardized measure such as the EPLE Scale may enhance clinical communication and interdisciplinary dialogue by providing a shared descriptive framework for experiences that are often difficult to articulate and variably interpreted across cultural and professional contexts. When used judiciously and in conjunction with qualitative clinical inquiry, the EPLE Scale may assist clinicians in recognizing emergent post-loss experiences as meaningful experiential configurations in which, as indicated by the network-based findings of the present study, node C02 ("Love emanating from the deceased's presence") emerges as an experientially central node connecting affective and cognitive impact components, whereas S04 ("Visual clarity comparable to ordinary perception") links sensory features with spatial and temporal aspects of the experience, thereby supporting a coherent and integrated experiential field.

This perspective may facilitate the exploration of such experiences as potential resources in grief processing, particularly in patients with Prolonged Grief Disorder.

4.5.2. Research Implications

From a research perspective, the present findings underscore the need for methodological approaches capable of capturing the complexity and configurational nature of emergent post-loss experiences. The absence of a stable multidimensional structure in the EPLE Scale, together with its satisfactory global reliability, suggests that strictly latent-variable models may be insufficient to capture the organization of emergent post-loss experiences. Consistent with this interpretation, the network-based and configurational analyses adopted in the present study highlight the value of alternative analytic frameworks for modelling an integrated experiential configuration in which contact-related and impact-related components occupy central roles, sensorial features function as bridges, and space–time contextual features contribute to the experiential context, without implying separable latent dimensions.

The EPLE Scale also provides a foundation for systematic empirical investigation of post-loss experiences across different populations and contexts. Future research should aim to replicate the present findings in larger and more diverse samples, in order to examine the generalizability of the phenomenological profile and the psychometric properties of the scale. The observed convergence between EPLE Scale scores and NDE scores opens avenues for comparative research across different classes of exceptional human experiences, supporting the integration of bereavement research within broader interdisciplinary investigations of transformative experiential phenomena.

The EPLE Scale may provide a structured instrument for assessing the presence and phenomenological characteristics of emergent post-loss experiences in bereaved individuals undergoing experiential grief therapies such as Induced After Death Communication (IADC) or Reparative Experience–Based Grief Therapy (REGT), as well as other therapeutic approaches that, although not intentionally experiential, may nevertheless occasionally facilitate EPLEs (e.g., EMDR). In these therapeutic contexts, the scale may help clinicians identify the phenomenological profile of the patient's experience and systematically document its experiential components.

The EPLE Scale may be used to examine the relationship between EPLEs and therapeutic outcomes, thereby contributing to the investigation of potential mechanisms of change in experiential grief therapies. In this sense, EPLEs may be conceptualized not merely as epiphenomenal experiences, but as process variables that actively mediate therapeutic change. Accordingly, the EPLE Scale may represent a useful instrument for psychotherapy process research, complementing outcome studies and supporting empirical investigation of whether, and how, the emergence and qualitative organization of EPLEs contribute to differential therapeutic effectiveness. Building on this perspective, the EPLE Scale offers a systematic framework for investigating the role of EPLEs within experiential grief therapies. It may be used to compare outcomes across IADC and REGT conditions in the absence versus presence of EPLEs, as well as according to their degree of development, thereby testing the hypothesis that therapeutic effects are specifically linked to their emergence and progressive increases in sensory-perceptual richness, differentiation and complexity of content, and integration into the individual's narrative framework and meaning-making processes. In addition, future research should examine which phenomenological components of EPLEs (e.g., perceptual vividness, relational presence, narrative coherence, and emotional intensity) most strongly predict therapeutic outcomes. More broadly, the present findings highlight the value of integrating qualitative and quantitative approaches in the study of EPLEs. Mixed-methods designs may provide a particularly suitable framework for investigating these experiences by combining quantitative assessment (e.g., EPLE Scale scores and outcome measures) with in-depth qualitative analyses of lived experience. Exploratory sequential designs may be used to derive and refine phenomenological domains from clinical material, whereas convergent or explanatory designs may allow the integration of quantitative profiles with detailed first-person accounts within the same individuals. Such approaches may help clarify how specific phenomenological components, as well as their patterns of organization, contribute to therapeutic processes and outcomes.

4.6. Limitations

Several limitations of the present study should be acknowledged. First, the retrospective and cross-sectional design precludes causal inferences regarding the relationships between emergent post-loss experiences and other indicators of psychological adjustment to grief. Second, although participants were all former psychotherapy patients who had completed REGT, the study did not collect systematic information on the time elapsed since the end of treatment. This limitation restricts the ability to determine whether recall accuracy, emotional distance from the experience, or longer-term integration processes may have influenced participants' responses. Third, the sample consisted of participants who voluntarily chose to take part in an anonymous online survey, which may introduce self-selection bias and limit the generalizability of the findings to broader bereaved populations. The predominance of female participants reflects a well-documented pattern in mental health service use, as women are generally more likely than men to seek psychological help and engage in psychotherapy. The gender imbalance observed in the present sample therefore likely reflects the population typically seeking grief-related therapy rather than

a sampling bias. Nevertheless, future research should examine EPLEs in more gender-balanced samples. Fourth, participants were recruited exclusively among individuals who had completed Reparative Experience–Based Grief Therapy (REGT); therefore, the findings should be interpreted within this specific therapeutic context. However, given that EPLEs have also been observed in other experiential grief therapies, such as IADC (Lalla & D'Antoni, 2025), future research should examine the extent to which these findings generalize across different therapeutic frameworks. Fifth, all measures relied exclusively on self-report instruments, rendering the data susceptible to recall and memory-related biases. However, several features of the study design may have mitigated potential recall and response biases. The survey was conducted anonymously, which may have reduced social desirability influences and encouraged candid reporting. Moreover, the questionnaire focused primarily on phenomenological characteristics of the experience rather than on objective factual details, which may be less susceptible to memory distortions. Sixth, from a psychometric perspective, the relatively modest sample size constrained the range of analyses that could be conducted, particularly in the presence of sparse response distributions. In particular, the estimation of polychoric correlation matrices was not feasible due to low-frequency and empty response categories across several items, which can lead to unstable or non-convergent estimates. Exploratory factor analysis was therefore conducted using Pearson correlations as a pragmatic alternative under these conditions. Seventh, the present study was conducted within a relatively homogeneous cultural context, which may limit the cross-cultural generalizability of the findings. Although the phenomenological domains identified in the EPLE Scale are grounded in clinical observation and prior literature, their expression and interpretation may vary across cultural settings. Future studies could examine the cross-cultural validity of the EPLE Scale, including tests of measurement invariance, and evaluate the need for culturally sensitive adaptations of item content. In addition, qualitative approaches could be useful for assessing whether the phenomenological domains identified in the present study are consistently observed across different cultural contexts or require refinement. Further research with larger samples could further examine the structure of the EPLE Scale using complementary modeling approaches, including confirmatory factor analysis and bifactor modeling. Such analyses may help evaluate whether latent variable models adequately capture the structure of the data, or whether a network-based representation provides a more appropriate account of the relational organization of experiential features. Finally, the newly developed EPLE Scale should be regarded as an initial step toward the standardized assessment of emergent post-loss experiences. Additional research with larger samples should examine whether prior ADC or NDE experiences influence the likelihood, phenomenological profile, or intensity of emergent post-loss experiences. Replication in larger and more diverse samples will be necessary to further evaluate its psychometric properties and generalizability. Similarly, the network-based analyses presented here offer an initial but coherent characterization of the configurational organization of EPLEs, which can be further examined and strengthened in future studies with larger samples.

5. Conclusions

The present study contributes to the growing literature on grief therapy by providing a systematic phenomenological characterization of emergent post-loss experiences (EPLEs) elicited within Reparative Experience-Based Grief Therapy and by introducing a preliminary assessment tool for their standardized measurement: the EPLE Scale. The findings suggest that EPLEs constitute structured and meaningful experiential configurations integrating contact-related, sensorial, space–time, and impact-related components. The EPLE Scale demonstrated satisfactory reliability as a global index and showed meaningful

convergence with near-death experiences, supporting its utility for both clinical research and theoretical inquiry.

Author Contributions: Conceptualization, C.L. and F.D.; methodology, C.L. and F.D.; formal analysis, F.D.; investigation, C.L.; data curation, F.D.; writing—original draft preparation, C.L.; writing—review and editing, C.L. and F.D.; supervision, C.L. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki. Ethical review and approval were waived for this study. The study complied with the Italian Psychologists' Code of Ethics (article number 9): https://www.psy.it/la-professione-psicologica/codice-deontologico-degli-psicologi-italiani/codice-deontologico-vigente/ (accessed on 20 December 2025).

Informed Consent Statement: All participants were provided with an informed consent form and gave informed consent prior to participation in the study. Participation was voluntary, and all data were collected and analyzed in fully anonymized form.

Data Availability Statement: The data presented in this study are available from the corresponding author upon reasonable request. Due to ethical and privacy considerations, the data are not publicly available.

Acknowledgments: During the preparation of this manuscript, the authors used ChatGPT (5.3) to assist with English language editing and stylistic refinement, as the authors are not native English speakers. The authors reviewed, edited, and approved all content and remain fully responsible for the scientific accuracy, interpretation, and integrity of the manuscript.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

ADC	After-Death Communication
EFA	Exploratory Factor Analysis
EPLE	Emergent Post-Loss Experience
EPLE Scale	Emergent Post-Loss Experience Scale
EPLE-Q	Emergent Post-Loss Experience Questionnaire
IADC	Induced After-Death Communication
KMO	Kaiser–Meyer–Olkin Measure of Sampling Adequacy
NDE	Near-Death Experience
REGT	Reparative Experience-Based Grief Therapy

Appendix A

Emergent Post-Loss Experience Scale (EPLE Scale)

Instructions

Below is a list of statements describing possible experiences that may occur during an emergent post-loss experience. Please read each statement carefully and indicate the extent to which it applies to your experience. There are no right or wrong answers. Please respond based on your personal experience.

Responses are rated on a five-point Likert scale:

1 = Strongly disagree

2 = Disagree

3 = Neutral/Neither agree nor disagree

4 = Agree

5 = Strongly agree

Table A1. Emergent Post-Loss Experience Scale (EPLE Scale).

01.	I perceived my loved one's feeling of love.
02.	I perceived my loved one's emotions.
03.	I saw my loved one either partially (e.g., head, torso, or other body parts) or fully.
04.	Communication with my loved one occurred in both directions, from me to them and from them to me.
05.	At times, I did not immediately understand what my loved one was communicating, but the message became clear later through their subsequent explanations.
06.	My loved one provided me with information about their new form of existence.
07.	The sense of my loved one's presence was different from the common grief-related feeling of "having them always with me" or "carrying them in my heart."
08.	The sense of my loved one's presence had a clearly defined beginning and end.
09.	The images I perceived were as clear as those in normal visual perception.
10.	I experienced visual scenes in which my perspective alternated between a first-person view and an external perspective from which I could see myself.
11.	I perceived my loved one's words as thoughts coming directly into my mind.
12.	I experienced a sense of movement.
13.	I saw features of the environment in which my deceased loved one appeared.
14.	I re-experienced past moments with my loved one as if they were happening again in the present.
15.	I experienced an altered sense of time.
16.	I experienced being in an otherworldly environment.
17.	The encounter with my loved one was joyful and comforting.
18.	I felt a sense of peace and tranquility.
19.	The experience changed my view of death and/or of the afterlife.
20.	This experience led me to believe that one day I will be reunited with my loved one.
21.	I believe that the experience helped me process my grief.
22.	I gained insights into the meaning of life.

References

Barreto, S. (2025). Near-death experiences: A bibliometric and systematic review of published literature from 1977 to 2025. *OMEGA—Journal of Death and Dying*. Advance online publication. [CrossRef] [PubMed]

Bennett, G., & Bennett, K. M. (2000). The presence of the dead: An empirical study. *Mortality*, *5*(2), 139–157. [CrossRef]

Botkin, A. L. (2000). The induction of after-death communications utilizing eye-movement desensitization and reprocessing: A new discovery. *Journal of Near-Death Studies*, *18*(3), 181–209. [CrossRef]

Botkin, A. L., & Hannah, M. T. (2013). Brief report: Psychotherapeutic outcomes reported by therapists trained in induced after-death communication. *Journal of Near-Death Studies*, *31*(4), 221–224.

Botkin, A. L., & Hogan, R. C. (2005). *Induced after-death communication: A new therapy for healing grief and trauma*. Hampton Roads Publishing.

Castelnovo, A., Cavallotti, S., Gambini, O., & D'Agostino, A. (2015). Post-Bereavement hallucinatory experiences: A critical overview of population and clinical studies. *Journal of Affective Disorders*, *186*, 266–274. [CrossRef]

Cooper, C. E., Roe, C. A., & Mitchell, G. (2015). Anomalous experiences and the bereavement process. In T. Cattoi, & C. M. Moreman (Eds.), *Death, dying, and mysticism: Interdisciplinary approaches to the study of mysticism* (pp. 123–145). Palgrave Macmillan. [CrossRef]

Costello, A. B., & Osborne, J. W. (2005). Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis. *Practical Assessment, Research & Evaluation*, *10*(7), 1–9.

D'Antoni, F., & Lalla, C. (2026). Predictors of clinical outcomes in IADC therapy. *Psychology International*, *8*(1), 14. [CrossRef]

D'Antoni, F., Pulvirenti, I., D'Orlando, A., Claudio, V., & Lalla, C. (2025). Induced after-death communication (IADC) therapy: An effective and quick intervention to cope with grief. *Psychology International*, *7*(1), 25. [CrossRef]

Dein, S. (2025). Bereavement related perceptions and transformation: Psychological and religious aspects. *Mental Health, Religion & Culture*, *27*(8), 822–837. [CrossRef]

DeVellis, R. F. (2017). *Scale development: Theory and applications* (4th ed.). Sage Publications.

de Winter, J. C. F., Dodou, D., & Wieringa, P. A. (2009). Exploratory factor analysis with small sample sizes. *Multivariate Behavioral Research*, *44*(2), 147–181. [CrossRef] [PubMed]

Elfers, J., Murphy, S., & Wade, N. (2025). Good grief! After-death communication, grief, and gratitude. *Religions*, *16*(2), 210. [CrossRef]

Elsaesser, E., Roe, C. A., Cooper, C. E., & Lorimer, D. (2021). The phenomenology and impact of hallucinations concerning the deceased. *BJPsych Open*, *7*, e148. [CrossRef]

Fenwick, P., & Fenwick, E. (2008). *The art of dying*. Continuum International Publishing Group.

Greeley, A. M. (1975). *Sociology of the paranormal: A reconnaissance*. Sage Pubblications.

Greyson, B. (1983). The near-death experience scale: Construction, reliability, and validity. *Journal of Nervous and Mental Disease*, *171*(6), 369–375. [CrossRef]

Greyson, B. (2000). Near-death experiences. In E. Cardeña, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experience* (pp. 315–352). American Psychological Association.

Greyson, B., & Pehlivanova, M. (2025). A neuroscientific model of near-death experiences reconsidered. *Psychology of Consciousness: Theory, Research, and Practice*. Advance online publication. [CrossRef]

Guggenheim, B., & Guggenheim, J. (1995). *Hello from heaven!* Bantam.

Hannah, M. T., Botkin, A. L., Marrone, J. G., & Streit-Horn, J. (2013). Induced after-death communication: An update. *Journal of Near-Death Studies*, *31*(4), 213–220. [CrossRef]

Haraldsson, E. (1989). Survey of claimed encounters with the dead. *Omega: Journal of Death and Dying*, *19*(2), 103–113. [CrossRef]

Haraldsson, E. (2009). Alleged encounters with the dead: The importance of violent death in 337 new cases. *Journal of Parapsychology*, *73*(1), 91–118.

Haraldsson, E., Gudmundsdottir, A., Ragnarsson, J. L., & Jonsson, S. (1976). National survey of psychical experiences and attitudes towards the paranormal in Iceland. In J. D. Morris, W. G. Roll, & R. L. Morris (Eds.), *Research in parapsychology 1975* (pp. 182–186). Scarecrow Press.

Hewson, H., Galbraith, N., Jones, C., & Heath, G. (2024). The impact of continuing bonds following bereavement: A systematic review. *Death Studies*, *48*(10), 1001–1014. [CrossRef] [PubMed]

Kamp, K. S., O'Connor, M., Spindler, H., & Moskowitz, A. (2019). Bereavement hallucinations after the loss of a spouse: Associations with psychopathological measures, personality, and coping style. *Death Studies*, *43*(4), 260–269. [CrossRef]

Kamp, K. S., Steffen, E. M., Alderson-Day, B., Allen, P., Austad, A., Hayes, J., Larøi, F., Ratcliffe, M., & Sabucedo, P. (2020). Sensory and quasi-sensory experiences of the deceased in bereavement: An interdisciplinary and integrative review. *Schizophrenia Bulletin*, *46*(6), 1367–1381. [CrossRef] [PubMed]

Keen, C., Murray, C., & Payne, S. (2013). Sensing the presence of the deceased: A narrative review. *Mental Health, Religion & Culture*, *16*(4), 384–402. [CrossRef]

Kelly, E. W. (2001). Near-death experiences with reports of meeting deceased people. *Death Studies*, *25*(3), 229–249. [CrossRef]

Klass, D., Silverman, P. R., & Nickman, S. (1996). *Continuing bonds: New understandings of grief*. Taylor & Francis.

Klugman, C. M. (2006). Dead men talking: Evidence of post death contact and continuing bonds. *OMEGA—Journal of Death and Dying*, *53*(3), 249–262. [CrossRef]

Lalla, C., & D'Antoni, F. (2025). Induced after-death communication (IADC) experience and near-death experience (NDE): Two variations of a single phenomenon. *Psychology International*, *7*(3), 66. [CrossRef]

Martial, C., Cassol, H., Charland-Verville, V., Pallavicini, C., Sanz, C., Zamberlan, F., Vivot, R. M., Erowid, F., Erowid, E., Laureys, S., Greyson, B., & Tagliazucchi, E. (2020). Neurochemical models of near-death experiences: A large-scale study based on the semantic similarity of written reports. *Consciousness and Cognition*, *83*, 102955. [CrossRef]

Moody, R. A. (1975). *Life after life*. Bantam Books.

Neimeyer, R. A., Klass, D., & Dennis, M. R. (2014). A social constructionist account of grief: Loss and the narration of meaning. *Death Studies*, *38*(8), 485–498. [CrossRef]

Nowatzki, N. R., & Kalischuk, R. G. (2009). Post-death encounters: Grieving, mourning, and healing. *Omega: Journal of Death and Dying*, *59*(2), 91–111. [CrossRef]

Penberthy, J. K., St. Germain-Sehr, N. R., Grams, G., Burns, M., Lorimer, D., Cooper, C. E., Roe, C. A., Morrison, S., & Elsaesser, E. (2023). Description and impact of encounters with deceased partners or spouses. *Omega: Journal of Death and Dying*, *92*(3), 1487–1504. [CrossRef]

Pistoia, F., Mattiacci, G., Sarà, M., Padua, L., Macchi, C., & Sacco, S. (2018). Development of the Italian version of the near-death experience scale. *Frontiers in Human Neuroscience*, *12*, 45. [CrossRef] [PubMed]

Ratcliffe, M. (2021). Sensed presence without sensory qualities: A phenomenological study of bereavement hallucinations. *Phenomenology and the Cognitive Sciences*, *20*(4), 601–616. [CrossRef]

Rees, W. D. (1971). The hallucinations of widowhood. *British Medical Journal*, *4*(5778), 37–41. [CrossRef] [PubMed]

Streit-Horn, J. (2011). *A systematic review of research on after-death communication (ADC)* [Doctoral dissertation, University of North Texas]. UNT Digital Library. Available online: https://digital.library.unt.edu/ark:/67531/metadc84284/ (accessed on 31 March 2026).

Worthington, R. L., & Whittaker, T. A. (2006). Scale development research: A content analysis and recommendations for best practices. *The Counseling Psychologist*, *34*(6), 806–838. [CrossRef]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.