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Essay/Personal Reflection

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It was hard to believe that the woman who was expertly navigating Mangga Dua, a six-story Jakartan shopping mall, was the same woman who was on life-support only a few days ago. Shopping with my dead aunt should have felt surreal.

Except it did not.

The trip was overwhelmingly mundane and comforting in its normality. I would not have known this was a dream were it not for the ethereal glow of her skin and the agility in her movements that could not have come from the same body I last saw prone on a pixelated phone screen. These traits are what remind me that Auntie's passing was merely the loss of her physical body as the Auntie I know continues to live a life beyond death.

Watching her navigate the flood of shoppers and bargain as if it were her second language, I was able to put to rest the memory of a body monopolized by COVID, and remember in its place, a vivacious and fiercely independent woman.

Throughout the dream, most of our attempts at conversation were drowned out by shouting store clerks and their competing radios — a wonderfully discordant symphony of Y2K pop hits and local *tanjidor* tunes. In the midst of this, Auntie looked at home and the message she sent me was clear: *I'm okay now*.

About one-in-three bereaved loved ones experience a visit from their recently deceased (Kellehear, 2020). In Eastern cultures, this phenomenon is especially prevalent among those with traditions that lend them to be more attuned to sights, sounds, and perceptual feelings from the dead. My grandfather, for instance, worked as a *dukun*, or shaman, who often communicated with the dead. While none of my aunts or uncles decided to continue this particular family business, my family is more receptive toward mysticism as a result. Conversely, in Western cultures, the occurrence of after-death communications are not as frequently reported. However, one study of widows from England and Wales found that after-death visitations were more common among couples who had longer and happier marriages (Dewi Rees, 1971). And just as my dream allowed me to come to terms with Auntie's death, another study noted that visits from the dead can provide the bereaved with a source of pain relief, the reassurance of a peaceful after-life, and explanations for senseless deaths (Kwilecki, 2011).

Despite the potential positive social and personal impacts of after-death communications, I noticed that bereavement dialogues remain bereft of productive discourse regarding visits from the dead. Outside of my mystic-sympathetic family, I was reluctant to share my dream given the stigma such experiences usually incur from both popular culture and medicalization. For how do I relay a Poesque visitation without it being misconstrued as such? How do I explain Auntie's new "life" without it being misunderstood as a denial of her death? How do I share a nonconsensus reality without invoking claims of schizophrenia and other mental health conditions (Kellehear, 2020)? As a lover of neuroscience, I recognize the value of teasing apart behaviors and deducing their neural mechanistic correlates. Yet, to have my deeply personal communication with Auntie be reduced to the misfiring of a couple of neurons in the temporoparietal junction is disheartening at best and disrespectful at worst (Blanke et al., 2014). My reticence is shared by others who have been noted to abstain from sharing their visits from the dead with close family, friends, and professionals due to either a fear of ridicule, the belief that others would be uninterested, or concern that relaying their experiences would upset relatives (Dewi Rees, 1971).

Therefore, I am grateful that my dream was well-received by my family and could, in turn, provide comfort to my mom and aunts, who then proceeded to share their own visitations from Auntie. I noticed that our collective communications with Auntie could be welcomed and discussed as we embraced a liminal space between physical death and social life where Auntie could exist.

Liminality blurs the boundary between science and fiction, life and death, and sensation and presence to create a space to explore ideas that do not require the negation of what we know or what we experience. Because of liminal spaces, I can begin to explain how Auntie can exist *in* my family's thoughts and memories, rather than *as* a thought or memory. This same space fosters a composite reality where I can reconcile aspects of my rational and mystical beliefs to express how Auntie is not merely a byproduct of my overactive imagination or a hallucination, but an active character who is given the ability and space to continue "living" a

life beyond death that toes the boundary between abstract ideation and concrete interaction. By discussing the impact rather than the validity of the experience, her visitation is able to provide my family with the assurance that Auntie is no longer suffering, while restoring a sense of dignity and autonomy to her memory that overrides the image of her fading body.

This experience leads me to the awareness of a cultural bias in Western psychiatric models of grief that require remodeling to better address the variety of diverse patient experiences (Seale, 1988). Bearing this in mind, liminal spaces emerge as one avenue to foster greater tolerance and understanding for opinions that may not fall into convenient categories and diagnoses. By progressing past an emphasis on the distinctions between abstract and concrete, dialogue can shift away from questions regarding the origin of after-death communications to questions about their impact. Because just as I have seen in my own family, sharing my visit from Auntie can be a source of healing and community. And by embracing liminality, I am able to grapple with seemingly incongruous knowledge systems to reconcile how

Auntie may be biologically dead but remains alive in memory and in presence.

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