

Response to "Adjustment and the Near-Death Experience"

Kimberly Clark, M.S.W.

Fred Hutchinson Cancer Research Center

Bette Furn's article recommends cross-cultural counseling as the best intervention strategy for use with near-death experiencer (NDER) clients. That struck two chords within me: one, as a social worker, and two, as a near-death experiencer. Thus, my response will reflect both perspectives.

Response as a Professional Social Worker

Although I'm quite familiar with the psychological components of culture shock, having spent a number of years assisting, for example, Hmong tribespeople from Cambodia adjust to high-tech medical care in a regional trauma center, it had not occurred to me to apply the concepts of cross-cultural counseling to NDErs. It's a fascinating concept when one compares the near-death experience to immigration. As described by Furn, the commonalities include language barriers, adjustment processes that can take years, a sense of loss accompanied by the hope of subsequent greater gain, isolation, and a view of the world that may differ significantly from the cultural majority.

I had trouble, however, with the author's use of the word "best" in reference to cross-cultural counseling techniques and their use with NDErs. As a fervent advocate of eclectic therapeutic approaches, I remain unchanged in my belief that no single theory to date adequately addresses all of the issues raised by the near-death experience. But when

Ms. Clark is Director of Social Work at the Fred Hutchinson Cancer Research Center. Requests for reprints should be sent to Ms. Clark at the Fred Hutchinson Cancer Research Center, 1124 Columbia Street, Seattle, WA 98104.

the cross-cultural paradigm is applied to those NDErs who are expressly trying to find their niche in the world, I think it's a workable model.

Furn's description of culture shock as applied to NDErs is accurate, as are Peter Adler's stages of cultural adjustment. It is exactly those processes of adjustment that I see again and again in NDErs, with the same recognition as Furn that the stages are not linear or static. In fact, it is possible to put that conceptual framework into sharper focus by setting a component of cross-cultural counseling as an actual therapeutic goal. That component (comparable to Adler's stages four and five of cultural adjustment) is called bicultural socialization. It postulates that "the minority individual learns two distinct behavioral repertoires for utilization in the minority and majority societies" (DeAnda, 1985). In other words, the minority individual (NDEr) is provided information and skills for living in the mainstream culture (e.g., job, family, and societal responsibilities) along with affirmation of the values of the minority culture (unconditional love, heightened spiritual awareness, paranormal powers, etc.). That may sound like a restatement of Furn's position, which it is, or like hair-splitting, which it also is, but most social workers, as well as anthropologists, are familiar with other, less situationally desirable components of cross-cultural counseling, such as the cultural deficit model or the cultural difference model.

Furn demonstrates thoughtfulness and thoroughness in her considerations regarding data gathering, assessment techniques, and the development of a treatment program. I am in complete agreement with her position in those areas and hold her in esteem as a result. However, I am unfamiliar with Farah Ibrahim and Harris Kahn's Scale to Assess World Views Across Cultures, and would have appreciated an elaboration of how it could be used as an intervention strategy. Also, a copy of the scale appended to the article would have been helpful, since it is not in print. Moreover, I am a little uncomfortable with the fact that Furn cited Ibrahim more than any other author, despite the fact that only one of her cited papers has been published.

Lastly, Furn's consideration of therapist variables is eloquently stated and of essential importance, no matter which conceptual framework one chooses to employ. Unfortunately, in the mainstream psychological community at this time, too little is known about the near-death experience and its implications for clinical practice. Thus, finding a credentialled psychotherapist who meets Furn's standards would for most NDErs on the globe be like finding the proverbial needle in the haystack. That is where the value of IANDS comes to the forefront, not only as an educational resource for professional counselors, but also as an organizational context for the local Friends of IANDS chapters. Those

chapters, at the very least, hold the potential for helping to facilitate the NDEr's adjustment process in a manner, to date, generally not available elsewhere.

Response as a Near-Death Experiencer

I was especially touched, as an NDEr, by the concept of my belonging to a minority culture. I found myself scribbling little notes in the margins of the manuscript like "good point," "right on!" and "Amen to that." Rather than being a part of a subculture, I considered myself to be one of many individuals who, having had an NDE, were walking that fine line between psychosis and sainthood, global peace and the grocery store. But yes, I *am* part of a minority subculture, and yes, adjusting to my experience and subsequent changes in my life has been challenging. Seeing a mental health specialist schooled in cross-cultural counseling seems entirely appropriate, especially on those occasions when I feel like an alien anyway, except for one major difference: I did not come from a different culture; I came from a different dimension. Immigrants know how they got from point A to point B, and have a passport identifying their citizenship. There are maps available that show topographical details of the mother country, and anyone with the time, money, and transportation can visit there and bring back souvenirs. One doesn't have to convince the counselor that where one is from really does exist. Similarly there is no physical trait, religious body, dress, language, arts and crafts, or ethnic restaurant that identifies me with my subculture. To take all of this in good faith would be the mark of an exceptionally empathetic and well-informed therapist, even if he or she did not "wrongfully equate the term 'cross-cultural' with geography or ethnic group."

But let's suppose that as a result of Furn's article and others to come on the subject of counseling the NDEr, therapists have command of the following qualities set forth by Furn: 1. thorough acquaintance with the NDE and its aftereffects; 2. a cross-cultural perspective; and 3. a sympathy toward non-Western philosophies. What still remains is the little detail that where I came from was death. And it will no doubt occur to my therapist that he or she will take that same trip, but, unlike myself, may not return. "An existential crisis of the first order" can be contagious.

I would also caution against the implied assumption that "NDErs who have had a particularly deep or prolonged experience would have greater difficulty adjusting." Quite simply stated, there is no time or space in

the NDE, so there is no depth or prolonging of anything. Rather, that the event occurred at all is what requires coming to terms with, and the ease of adjustment on the part of the NDEr will be either diminished or enhanced by the other variables described by the author.

Despite these concerns, I think Furn has come up with some sensible ideas. Cross-cultural counseling is a more humane and healthy approach than most. I'm all for moving the concept out of the arena of theoretical speculation and into the field of practice.

References

- DeAnda, D. (1985). Bicultural Socialization: Factors affecting the minority experience. *Social Work, 29*, 101-107.