

What Carers Need To Understand About the Near-Death Experience

Helping people talk about their NDEs will add to existing knowledge and increase understanding.

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In *Dancing in the Light*, Shirley MacLaine writes about her father's near-death experience (NDE) after he survives a car accident(1). Her father explains that, while unconscious, he left his body and soared over the wreckage. From this vantage point, he was able to view his body below him and see and hear the police talk about his accident.

However, he waited more than 12 years before telling anyone (including his wife and daughter), because he didn't want people to think he was "crazy." He said if Shirley had not discussed paranormal experiences in

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her book, he would have kept his NDE to himself(1).

If those with NDEs are reluctant to disclose their numinous experiences to their loved ones, fearing the labeling of "crazy" or "weird" by those they trust, then how likely is it for them to share these special experiences with their health care providers? What do health care providers need to know about NDEs to be able to facilitate candid disclosures from their patients?

In 1975, Raymond Moody described more than 100 NDEs in his book *Life After Life*(2). In 1980, Kenneth Ring published the first scientific investigation where statistical analyses were conducted on a large sample of those having had NDEs(3). A number of other studies followed, all confirming the principal results of these original reports(4-15).

What these researchers found was that for some people who almost died but were revived or resuscitated, a series of paranormal or transcendental experiences transpired while they were clinically dead. Ring proposed a typology of these experiences, organizing them into five separate and distinct stages. While not every near-death survivor experiences all five

stages and perhaps not all in precisely the same order or way, for the most part near-death survivors describe the following phenomena:

- Feeling peaceful, tranquil, serene, and free of pain
- Having an out-of-body experience (OBE) where they leave their body and are able to view it from above
- Being in a dark tunnel, darkness, or void where they encounter a presence and review their life with this presence
- Seeing a brilliant, but warm, loving, and accepting "light"
- Entering, merging, or being enveloped by a light and perhaps being reunited with deceased relatives, only to be told by their loved ones that they must return to their physical bodies

With each successive stage of an NDE, the number of near-death survivors decreases(16). While some or all of the five stages of NDEs have been described at various times since antiquity, only recently have estimates been made as to their incidence(17).

Ring estimates that between 35 and 40 percent of those who have almost died have experienced some or

all of the stages of a NDE. He further calculates that about 5 percent of the adult population of the United States has had at least one NDE. This percentage represents 1 of every 20 adults, or approximately 8 million Americans(15).

By considering and ruling out possible explanations such as depersonalization, religious beliefs and expectations, hallucinations, anesthetics and other drugs, and cerebral anoxia, Ring was able to conclude that the NDE is an actual event independent of these other factors(3). Other researchers have reached similar conclusions(5,18-22).

Because the arguments for the validity of NDEs have been presented eloquently elsewhere, they will not be repeated here(5,18-22). It is sufficient to say that NDEs have been established as independent events that actually happen to people, *regardless of age or mode of nearly dying* (that is, accidents, illnesses, or suicide attempts).

What have not been well established are the clinical applications of NDEs. A paucity of literature exists that might assist health care providers who encounter patients with these experiences.

Lundahl feels it is time that NDE research findings be applied to the clinical setting(7). One reason why Ring believes this has been difficult in the past is that professionals who do not know about NDEs may inadvertently prevent patients who have had them from accepting and assimilating their experiences(3).

What can near-death survivors teach us about the clinical applications of their experiences? How do they perceive the treatment they received from the health care providers in whom they confided? How did the health care providers deal with the near-death survivors? What were the perceived reactions and attitudes of those providers?

What nonverbal cues of health care providers were sensed by near-death survivors? When were providers of help to their patients, and what did they do that may have inhibited or intimidated patients from sharing their NDEs? Here are three examples that offer some answers.

Example 1: S. was in her late twenties when she experienced her third and most intense NDE. She required immediate attention in an emergency room after having had an allergic reaction to eating shellfish. Once in the ER, S. recalls having an OBE where her "consciousness split off" (her words) from her body to float up to the ceiling.

From that vantage point, S. was able to observe and to hear all that was done and said in the ER. In the out-of-body state, S. felt no pain and had no sense of time. She felt very "rational" and that the essence of who she was was not on the ER table but floating in this spirit-like state near the ceiling.

The ER staff talked about her as if she couldn't hear them and that angered her. She thought it was "stupid" and "dumb" for the doctor to say she was close to death because all during the experience she believed she would survive. She was further

she had heard other patients describe similar experiences.

It is clear that S. had a classic stage 2 NDE. She had an OBE where her consciousness (or spirit or energy, depending on the term one prefers) separated from her physical body.

Example 2: A. was 20 years old at the time of his NDE. After the car in which he was a passenger rolled over twice, A. was taken to an ER.

While in the ER, he became unconscious and had an OBE. He felt he floated directly above the health care team's heads, observing the top of the doctor's head and that of another man's (whom A. thought may have been a nurse). He also noticed three other nurses in the room and his father standing off to the side.

He saw his unconscious body lying on the table with his eyes closed, while he witnessed the doctor continuously slapping his face to revive him. However, he wondered why he had no feeling of being slapped.

Even if health care providers are skeptical, they can help patients who have had NDEs accept the event by validating their experience.

angered when she heard the doctor call her husband into the ER to tell him she might die. She wanted to tell him that she was all right, and this need to communicate triggered her return to her body and ordinary consciousness.

Later, she told the ER doctor about her OBE. It was her impression that the physician was "brand new," being either an intern or a resident. After hearing about her NDE, he got "defensive" and said he had done all he could. S. felt the doctor dismissed her NDE as being imaginary.

S. thought the nurses were more "sensitive" to her paranormal experience than the doctor. Some of the nurses said they were angry with the doctor for announcing in the ER that S. was going to die. The ICU nurse was interested in S.'s OBE and told S.

While in this OBE state, A. experienced no pain. He felt peaceful, tranquil, and euphoric. Before becoming unconscious, he had had a headache, and when he regained consciousness, the pain returned and his whole body ached.

The doctor remarked that there was nothing seriously wrong with him to have become unconscious; he said A. was "not anywhere near death." While the doctor was making these comments, A. was still in the out-of-body state. He felt he had reached a turning point where he could easily drift "on the other side" of life, but he knew if he went any further, he *would* die.

After returning to his body, A. regained consciousness. The doctor and the other health care members were once again above him, as he

looked up at them from the table.

A. said the blood tests that were taken were negative for drugs, including alcohol. He said he hadn't been using any drugs prior to the accident and wasn't given any drugs while in the hospital. The CT scan was also negative, according to A.

A. said he had never had an experience like this before. While he was still in the hospital, he told his father about it (although at that time he had never heard about NDEs and, of course, was unfamiliar with the term). His father "shrugged" the experience off and said A. was just dreaming or hallucinating or that it was due to a concussion. His father said that what he experienced was not an actual state of mind but that it was all in his head.

After his father's reaction to his out-of-body experience, A. decided to keep it to himself. "No one's going to believe me"; it was "highly doubtful that anyone could conceive of this experience."

The senior author was only the second person in whom A. confided his NDE. A. was assured by this author that what he experienced was not unique to him and that many people have reported similar experiences both in modern and ancient times. A. seemed relieved to learn that his experience had happened to others.

Example 3: D. was 17 at the time of her NDE. Hemorrhaging due to menstrual difficulties necessitated an emergency visit to the hospital. D. was helped to lie down on a table in the ER, and the next thing she remembers was being able to see her body on a "silver table." She also saw her mother standing over her crying. (D. does not recall seeing any nurses or doctors in the room.)

While in the out-of-body state, D. attempted to console her grieving mother. She tried to tell her mother telepathically that she was all right.

During part of the experience, D. felt she was enveloped by a light. It was like a "silver shell" or a "teepee" enfolding her. Feelings of warmth, caring, and unconditional love and acceptance emanated from this very white, bright light. D. thought that the light must be God—Ring's interviewees often interpret the light in

the same way—and that it was "a gift to experience the light."

Because of the love and care she felt coming from the light, D. really did not want to return to her body. However, she was concerned about her grieving mother and wanted her to know she was "okay." It was only because her mother "needed something or someone" that she returned.

When D. regained consciousness, she was immediately confronted by a nurse who shouted, "You're not that sick", and ordered her to get out of bed. D. tried to get up but could not, as she felt light-headed and had a sensation of floating. Because of the brusque treatment she received from the nurse, D. was not about to confide in her.

To D., this event was powerful, beautiful, and profound, almost a religious experience. "You're not going to tell anyone about an NDE who screams [at you]; they won't believe you." Because none of her nurses or doctors established a personalized relationship with her, she did not entrust her "gift" with any of her health care providers.

However, she did try to tell her sister, with whom she was very close. But her sister made it quite clear that she really didn't want to hear about D.'s NDE. Her sister told her not to "talk that way; don't say that to people. People will think you are 'nuts'."

Later, D. voluntarily shared her NDE with one of the senior author's classes of which she was a member. Afterward, she confessed that she had second thoughts about disclosing her experience to the class because of the nonverbal messages she perceived. She felt the class looked bored and disbelieving, and she interpreted the facial expressions of some members to mean "she's off base."

How would D. have liked people to have responded to her several attempts to talk about her paranormal experience? D. said it would have been helpful if people had exhibited warmth, enthusiasm, and a willingness to listen. She would have liked someone to convey a message that this experience was not "strange,"

"weird," or "dumb." (There was no question in D.'s mind that her NDE was real.)

Reassurance about the widespread nature and antiquity of the experience would also have been helpful. Had the nurse who saw her after she regained consciousness been warm and receptive, D. said she might have opened up to her about her NDE.

D. went on to say that one can hardly keep this kind of experience to oneself, notwithstanding the indifferent treatment of the nurse and her sister's attempt at suppressing the incident. "It would be nice to have someone to talk with," someone who would be supportive of such an extraordinary event.

After reviewing the principal research findings of NDEs and several instances exemplifying those findings, there are eight clinical applications that can now be considered and that may prove helpful to health care providers caring for patients with NDEs.

It must be noted that while these three examples are of young patients who have had NDEs, it is the authors' understanding that NDEs are the same for everyone regardless of age. However, it is quite difficult to find older people who are willing to discuss their NDEs. It is possible that since older persons are at risk of being judged confused or demented, they are more reluctant to share experiences that may provide support for such labeling.*

• *Remember nonresponsive patients may be able to see and hear.*

Health care providers should not assume that patients are unable to hear their comments and actions just because they are unconscious or clinically dead.

• *Be a receptive, active listener.*

It is important for health care providers to be receptive to accounts of NDEs. Being accessible and approachable, being ready to be the recipient of a confidence, conveying

*The authors would greatly appreciate hearing from nurses to support or refute their hypothesis of invariant NDEs for all ages. They welcome any information whatsoever about NDEs, especially those of older persons, as finding persons who are willing to be interviewed is difficult.

the message that it is acceptable to talk about an NDE, and being an active listener—all of these communicate to patients that here is someone who wants to hear and believe what they have to say. These qualities encourage near-death survivors to risk sharing an event many of them want, and need, to disclose.

- *Be sympathetic and nonjudgmental.*

To near-death survivors their NDE is real and not a dream or a hallucination. Hence, health care providers need to be sympathetic while reserving judgment. A professional attitude, which accepts people as they are, will establish the kind of rapport that facilitates genuine, unguarded, and honest sharing of NDEs.

- *Avoid labeling.*

Near-death survivors fear they will be labeled as “crazy,” “weird,” or “nuts” if they reveal their experience to another person, especially a health care provider. They worry that they will be laughed at or ridiculed if they describe their paranormal incident. They are sensitive to the nonverbal messages of the people in whom they attempt to confide. Therefore, it is imperative for health care providers to avoid verbal and nonverbal labeling, if their goal is to help patients and learn more about NDEs.

- *Reassure near-death survivors and validate their experience.*

Reassure near-death survivors that their experience is not unique. Millions of Americans have experienced one or more of the five NDE stages, and NDEs have been reported throughout recorded history. Because they often want to talk about their experience, to “get it off their chest,” to feel okay about the experience, and to try to get an explanation of what happened to them from someone they trust and respect, validation from a health care provider can assist them in accepting the event.

- *Don't minimize the personal impact of an NDE.*

Some patients may perceive their experience to be deeply religious, spiritual, or transcendental. The impact of an NDE on people's lives should not be underestimated. Pa-

tients may interpret an NDE to be a profoundly mystical experience, not to be dismissed lightly by a professional. Significant transformations in people's lives and value systems can and do take place after having had an NDE.

- *Anticipate angry feelings.*

Patients may express anger at health care providers for bringing them back to earthly life, away from the peaceful and beautiful place they were experiencing on the other side of life. Near-death survivors may be ungrateful, despite the heroic life-saving efforts made by health care providers. Patients may greatly resent being made to return to bodies that are painful, perhaps even excruciatingly so, after being in a pain-free state of consciousness.

- *Keep an open mind if skeptical.*

Near-death survivors accept their experiences to be real and to have put them on the other side of life. According to what stage they experienced, they believe that time and space ceased to exist, that they communicated with God, that they were shown future events on earth or in their own futures, or that they saw and spoke with deceased relatives.

Health care providers may consider all of this to be quite fanciful stuff, if not highly unlikely. Unquestioningly, there is great difficulty in proving NDEs in a rigorous, scientific manner, and health care providers who have been trained in the Western scientific model requiring “hard” evidence may certainly question the validity of testimonial evidence.

Part of being a true scientist necessitates keeping an open mind and recalling that some of what science is able to measure today could not be measured 10, 50, or 100 years ago. Concepts, such as DNA, electrons and protons, mitochondria, even the causality of certain diseases by bacteria, were at one time unknown to, or thought implausible by, medical science. So, too, may be the case with NDEs.

Perhaps, NDE research is in the embryonic stages. Keeping an open mind about NDEs is not only in keeping with the best tradition of Western science, but it is also the way in which the skeptical scientist will be

able to refute or confirm any hypothesis, including the hypothesis that NDEs are real events.

To date, these then are the most salient clinical applications derived from the research and literature on NDEs. Keeping these suggestions in mind should help health care providers when dealing with patients who have had NDEs.

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