

Near Death Experiences – a Theoretical and Practical Approach

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Abstract

Introduction: *This paper aims at establishing the main themes and subtopics that are present in the confessions of the subjects who underwent a near death experience.*

We think that, nowadays, NDE can no longer be scientifically ignored. The NDE is an authentic experience that cannot be simply reduced to imagination, fear of death, hallucinations, psychosis, the use of drugs, or oxygen deficiency and patients appear to be permanently changed by an NDE.

Objectives: *To establish the main themes and sub-themes that emerge from the confessions of the subjects who went through an NDE.*

Methods: *Given the psychometric deficiencies in psychological research, and especially in such a complex and ineffable subject, we resorted to a content analysis of the information provided by those who went through an NDE, to deepen the process of decoding the messages transmitted by them.*

Results: *The content analysis we have undertaken helped us to detect and to recognize some dimensions of near death experiences that are common. We identified the following categories and subcategories: sensations (feeling, visual, hearing, kinesthetic, etc.), feelings (happiness, peace, quiet, etc.) and we also listed some of the terms that NDE subjects used to describe their experience.*

Conclusions: *The results of our present study are in line with the results of many other researches on near death experiences, confirming the same universal and timeless main themes and subtopics.*

Keywords: *near death experience, consciousness, brain functions, cardiac arrest*

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I. Introduction

In the contemporary era, re-spiritualization of the human being is an imperative condition for survival and progress. In the process of recovering the spiritual dimension, NDE's have a particular importance. Fortunately, the number of NDE's has grown considerably alongside the spectacular improvement of the resuscitation techniques, therefore, nowadays, there are a mounting body of research in this area. Thanks to the concerted effort made by some nonconformist and passionate researchers from "all parts of the globe", there was an important declassification of this unusual topic.

The growing interest of the scientific community for NDE is also demonstrated by the emergence of several communities that study the phenomenology of NDE's. The largest of these communities is IANDS, an international organization based in Durham, North-Carolina, that encourages scientific research and education on the physical, psychological, social, and spiritual nature and ramifications of near-death experiences.

Another research organization, the Louisiana-based Near Death Experience Research Foundation, was established by radiation oncologist Jeffrey Long in 1998.

A few academic locations have been associated with the activities of the field of near-death studies: University of Connecticut (US), Southampton University (UK), University Of North Texas (US) and the Division of Perceptual Studies at the University of Virginia (US).

IANDS publishes the quarterly *Journal of Near-Death Studies*, the only scholarly journal in the field.

In 2009 Praeger Publishers published the *Handbook of Near-Death Experiences: thirty years of investigation*, a comprehensive critical review of the research carried out within the field of near-death studies.

The year 2011 marked the publication of *Making Sense of Near-Death Experiences: A Handbook for Clinicians*. The book is a multi-author text which describes how the NDE can be handled in psychiatric and clinical practice.

We have nowadays specially designed scales like Ring's *Weighted Core Experience Index* or Greyson's *The Near-Death Experience Scale*. Thornburg developed the *Near-Death Phenomena Knowledge and Attitudes Questionnaire*.

Materialist psychology, modeled on the reductionism of classical physics, likewise offered adequate descriptions of everyday mental functioning

but ultimately proved insufficient for describing our mind under extreme conditions, such as the extension of mental functions when the brain is inactive or impaired, the way it occurs in near death experiences.

We know that this materialistic point of view permeated psychology for a long time and ignored consciousness, but now, thanks to the transpersonal psychology, it is time to go on and to explore new realms.

We think that near death experiences have the power to become a tool that helps us heal our deep fear of death and, who knows, maybe, when we really understand what death is, we'll see medical interventions in death situations as unnecessary.

Definition and prevalence

Definition: "*A near-death experience (NDE) can be defined as the reported memory of a range of impressions during a special state of consciousness, including a number of special elements, such as an out of body experience (OBE), pleasant feelings, seeing a tunnel and/or light, seeing deceased relatives, a life review, or a conscious return into the body*" (Walach, Schmidt, & Jonas, 2011).

The term near-death experience and its acronym NDE were coined by Raymond Moody only 40 years ago (1981), but accounts of such experiences were known in the folklore and writings of different cultures. The first modern collection of such cases was published in 1892 by Albert von St. Gallen Heim, and translated into English 80 years later (Noyes & Kletti, 1972).

In coining the term near-death experience, R. Moody (1981) identified 15 commonly reported elements in NDE narratives:

1. ineffability;
2. hearing oneself pronounced dead;
3. feelings of peace and quiet;
4. hearing unusual noises;
5. seeing a dark tunnel;
6. being "out of the body";
7. meeting "spiritual beings";
8. a bright light often experienced as a "being of light";
9. panoramic life review;
10. a realm in which all knowledge exists;
11. cities of light;
12. a realm of bewildered spirits;
13. a "supernatural rescue";
14. sensing an uncrossable border or limit;
15. returning to the body.

Based on a statistical analysis of features reported most frequently by those who underwent an experience on the brink of death, Bruce Greyson (1983) classified NDE elements into:

- ❖ cognitive features of time distortion, thought acceleration, a life review, and revelation;
- ❖ affective features of peace, joy, cosmic unity, and an encounter with loving “being of light”;
- ❖ seemingly paranormal features of unnaturally vivid sensory experiences, putative extrasensory experiences and precognitive visions, and out-of-body experiences;
- ❖ transcendental features of otherworldly encounters with mystical beings, visible spirits, and an uncrossable border to an unearthly realm.

There are, in fact, three distinct categories of experiences, described by Raymond Moody (1981):

- persons who were resuscitated after having been thought, adjudged, or pronounced clinically dead by their doctors;
- persons who, during accidents or severe injury or illness, came very close to physical death;
- persons who, as they died, told them to other people who were present.

Briefly, let us remember the elements of NDE:

1. A feeling of floating outside the body, often followed by an experience in which one can see and hear everything that happens around the abandoned body: *“My being was in a natural state of existence, free from the limits of the human body. I did not miss my human body and I realized what a burden it was to be locked in one.”*

2. There is a sensation of being pulled or drawn through a dark tunnel at great speed. The tunnel is also described as “a corridor”, “a black valley”, “a well”, “a sewer”, or “a cylinder”.

3. Passing through a dark tunnel or space, accompanied by an accelerating feeling: *“Moving forward, studying the walls of the tunnel. They looked like a huge wave of tubular shape. The curiosity made me take her to the right wall. When I touched it, crystal-like sparks began to dance and exploded in bright colors. The sparkles of glowing light were accompanied by synchronized sounds of crystal bells.”*

The tunnel is sometimes perceived as a transitional experience – as a place between two places or worlds. It overwhelms the senses like a roller coaster, and the person in the tunnel is usually completely involved in the experience and can think of little else.

4. The experience of light is the essential event, the element that always leads to the great transformations. Three types of subjective light were identified by Ph. Atwater (2007):

- primary, colorless light perceived as overwhelming pulsating presence or brightness, pervasive power, origin of all origins;
- dark light, of pure black, often with dark purple shades. It emits a warm depth, perceived as the “darkness that knows”, an authentic source of knowledge and power, the womb of creation;
- brilliant, golden-yellow light with a dazzling glow from which unconditional love emanates, a warm intelligence inviting you, union.

Perhaps one of the most important consequences of the encounter with the light is its healing potential, which confirms that any healing occurs from inside out, our spirit is the one who can heal our body.

5. The fact of being welcomed by friendly voices, beloved persons and/or beings of light, angels. There may also be conversations, and often a message is sent that warns that time on earth has not yet ended and that it is necessary to return. If a patient has the vision of a person who died, but the death of whom he was not informed, it is considered to be a solid proof of the survival of the spirit after death and this phenomenon was called “top Darien experience”.

If deceased acquaintances or relatives are encountered in an otherworldly dimension, they are usually recognized by their appearance, while communication is possible through thought transfer.

6. Patients survey their whole life at a glance; time and space do not seem to exist during such an experience. Instantaneously they are where they concentrate upon (*non-locality*), and they can talk for hours about the content of the life review even though the resuscitation only took minutes.

The lack of desire to return to the earthly plane, but also the feeling of having to do it, in order to be able to complete your activity or mission.

7. The border: at some point, the dying person understands that it is not their time to die and they must return to their physical body. They see or sense a barrier and have the feeling that if it is crossed, they die. People undergoing NDEs do not cross the border and thus return to life. It is described as a door or threshold or line which separates those who can return

to life from those that cannot. It is followed by disappointment, even anger or grief to return to life.

8. Communion with Divinity: *“I was most affected by the awareness of the energy that penetrated all matter. This spiritual energy was a confirmation of the presence of God on all levels of existence. I realized that all material things, no matter how inanimate or insignificant they seem to the eye, are influenced by an energy that comes from the creator.”*

Effects of Near-Death Experiences on the Experiencers

During the NDE the usual model of self breaks down and this brief experience of lack of Ego, of selflessness, may bring many personal changes. The personal aftereffects of NDEs are often profound and long-lasting, often dramatically altering the experiencer's attitudes, beliefs, and values, leading to increases in spiritual attitudes and interests, concern for others, appreciation of life, and decreases in fear of death, materialism, and competitiveness (Sabom, 1982; Grey, 1985; Flynn, 1986).

Psychological aftereffects: the first systematic controlled study was published by Russell Noyes (1980). He compared experiencers' attitudes before and after their experiences and found that they reported the following:

- a reduced fear of death;
- a sense of relative invulnerability;
- a feeling of special importance or destiny;
- a strengthened belief in postmortem existence.

The Disappearance of Fear of Death: nearly all people who have experienced an NDE lose their fear of death; this is due to the realization that there is a continuation of consciousness: *“It is outside my domain to discuss something that can only be proven by death. For me, however, the experience was decisive in convincing me that consciousness lives on beyond the grave. Death was not death, but another form of life.”*

Unconditional love: NDErs perceive themselves as equally and fully loving of each and all, openly generous, excited about the potential and wonder of each person they see.

Lack of boundaries: familiar codes of conduct can lose relevance or disappear altogether as unlimited avenues of interest and inquiry take priority.

Hypervigilance: thoughts become extraordinarily fast, all sensory paths, sounds, shapes, colors are more sensitive, or the body has some motor reflexes of inconceivable speed; it is particularly

exciting that the brain is little affected or not at all, despite the time the person was dead and, as consequence, creativity grows amazingly.

The psychic: extrasensory perception and various types of psychic phenomena become normal and ordinary in the lives of NDErs. A large number of people claim paranormal transformations, develop psychic abilities, anticipate the future, have telepathic capabilities.

Other features identified by different studies are:

- ❖ greater appreciation for life;
- ❖ renewed sense of purpose;
- ❖ greater confidence and flexibility in coping with life's vicissitudes;
- ❖ increased value of love and service and decreased concern with personal status and material possessions;
- ❖ greater compassion for others;
- ❖ heightened sense of spiritual purpose.

Different studies have established that these changes are greater in near-death experiencers than in people who survive close brushes with death but do not have NDEs (Ring, 1984; Sutherland, 1992; Fenwick, 1995).

Compared to other survivors of a close brush with death, near-death experiences place significantly lower value on social status and material success (Greyson, 1983).

They report feeling greater understanding, acceptance, and tolerance for others, become more open in expressing their feelings (Noyes, 2009) and more compassionate. Also, they felt less concern about material gain, success, competition and fame. Some of them felt the urge to change their career because a new sense of purpose contributes to a heightened self-esteem.

It's interesting that these profound changes in attitudes after NDEs have been corroborated in long-term studies of near-death experiences. For example, survivors of cardiac arrest who reported NDEs, reported greater changes 8 years after the event than they experienced 2 years after the event (Lommel, Wees, Meyers, & Elfferich, 2001).

Physiological aftereffects:

- ❖ substantially altered energy levels;
- ❖ hypersensitive to light and sound;
- ❖ sensitivity to electricity (subjects claim that in their presence electric bulbs tend to burn, computers and watches are malfunctioning);
- ❖ unusual sensitivity to chemicals (especially pharmaceuticals);
- ❖ stress easier to handle;

- ❖ lower blood pressure;
- ❖ increased allergies of various kinds;
- ❖ reduction in red meat consumption;
- ❖ multiple sensing (synesthesia);
- ❖ more orgasmic.

Prevalence

The prevalence of NDE in the adult population has been estimated by several major surveys. A Gallup Poll in 1992 led to an estimate that 13 million Americans had experienced an NDE.

According to a recent random poll in the United States and Germany, about 4% of the total population in the Western world have experienced NDEs. Thus, about nine million people in the United States should have had this extraordinary conscious experience.

Michael Sabom, an Atlanta cardiologist, found that 43% of cardiac arrest patients had NDEs. Patients with long complicated resuscitations were more likely to have NDEs. He also found that patients who had NDEs frequently could accurately describe their own resuscitation in detail. In contrast, control group of patients who had cardiac arrests but no NDEs could not describe their own resuscitation with any accuracy.

In four published studies alone, more than 100 cases of NDEs occurring under conditions of cardiac arrest have been reported (Greyson, 2003; Parnia et al., 2001; Sabom, 1982; van Lommel et al., 2001).

Common theories about near death experiences

A number of reductionist hypotheses have been proposed to explain NDEs and we'll explore shortly each of them:

1. expectation;
2. administered drugs;
3. endorphins;
4. anoxia or increased carbon level in the brain;
5. temporal lobe stimulation.

1. Expectation

NDEs often happen to people who think they are dying when in fact there is no serious clinical emergency, which means that you do not have to be physically near death to have an NDE. For example, there are well known cases of climbers falling from the rock and having a near death experience during the fall. The same, an out of body experience can have place at any time: during a meditation, yoga etc., for people who are in a good state of health.

2. Administered drugs

The suggestion that the experiences are created by drugs administered to dying patients does not hold up either.

Some researchers have attributed NDEs to hallucinations produced either by medications given to dying patients, by altered body physiology, or by brain malfunctioning as a person approaches death (Blackmore, 1993).

Firstly, brain malfunctions, altered body physiology generally produce clouded thinking, irritability, fear, idiosyncratic visions, quite unlike the exceptionally clear thinking, peacefulness, calmness, and predictable content generally seen in NDEs (DSM, 2013).

Secondly, patients who were given drugs when near death actually report fewer NDEs and less elaborate experiences than do patients who remain free of drugs (Ring, 1980).

3. Endorphins

It is still not known how far endorphins are implicated in the NDE, some authors suggest that serotonin, maybe plays a more important role.

4. Anoxia

Some blame anoxia for all the features of the NDE, though this is implausible, since so many NDEs clearly occur in the absence of anoxia (such as those when the person only thinks they are going to die). Studies have variously reported increased carbon dioxide associated with NDEs (Ketis, Kersnik, & Grmec, 2010), decreased carbon dioxide (Sabom, 1982) or no change in carbon dioxide levels associated with NDEs (Morse, Conner, & Parnia, 1985; Waller, Yeates, & Fenwick, 2001).

5. Temporal lobe stimulation

Several researchers have compared NDEs to malfunctions in the temporal lobe of the brain, because seizures or direct electrical stimulation of that region of the brain can elicit experiences thought to be similar to a sensation of leaving the body (Blanke, Ortigue, Landis, & Seeck, 2002, 2004).

However, stimulation of the temporal lobe induces false sensations of bizarre distortions of the body, such as legs changing size or shape (Blanke, Ortigue, Landis, & Seeck, 2002), which do not occur in NDEs.

These bodily illusions induced by brain stimulation occur only to an open eyed person and disappear when the eyes are closed, unlike NDEs (Petersen, 2008). Additionally, these "induced out-of-body" illusions are always viewed from the visual perspective of being inside the body, unlike NDEs, and

they do not include accurate perceptions of the environment from a spatial perspective distant from the body, contrary to many NDEs (Holden, Long, & Lurg, 2006; Greyson, Parnia, & Fenwick, 2008).

Also, research looking for an “NDE-prone personality” has led to the conclusion that those most likely to have NDEs may have more unstable temporal lobes and show more “temporal lobe signs” than others (Ring, 1984), though it is not clear how much of this association is a cause or an effect of the NDE.

Another point of view is that NDEs have also been associated speculatively with intrusion into waking consciousness of thought patterns typical of dream sleep (Nelson, Mattingly, Lee, & Schmitt, 2006). However, NDEs typically occur under conditions that inhibit dream sleep, such as general anesthesia (Britton, & Bootzin, 2004; Greyson, 2014).

The most important objection to the adequacy of all these reductionist theories, however, is that mental clarity, vivid sensory imagery, a clear memory of the experience, and a conviction that the experience seemed more real than ordinary consciousness are the norm for NDEs, even when they occur in conditions of drastically altered cerebral physiology.

A recent analysis of several hundred NDE cases showed that 80% of experiencers described their thinking during the NDE as “clearer than usual” (45%) or “as clear as usual” (35%). In addition, 74% described their thinking as “faster than usual” (37%) or “at the usual speed” (37%); 65% described their thinking as “more logical than usual” (29%) or “as logical as usual” (36%); and 55% described their control over their thoughts as “more control than usual” (19%) or “as much control as usual”.

II. Methods

This research includes ten participants (6 women and 4 men aged 46 to 62) who underwent a near death experience.

Content analysis is a technique for systematically describing written, spoken or visual communication. It provides a quantitative (numerical) description. It is used to determine the presence of certain words, concepts, themes, phrases, characters, or sentences within texts or sets of texts and to quantify this presence in an objective manner (Agbarian, 2006).

III. Results

In terms of content analysis, following the reading of the NDE report, six important topics were identified:

- ❖ Death – M;
- ❖ NDE;
- ❖ Fear – F;
- ❖ God – D;
- ❖ Dichotomy – VS;
- ❖ General framework – G.

Each of which also has some subtopics.

It is certain that the phenomena involved and communicated in specialized literature are found in our subjects’ speeches, and the content analysis we have made has helped to detect deeper and more subtle dimensions of the phenomenon being researched.

As time does not allow us to address each of them, we will only refer to NDE.

Firstly, the number of verbs related to death exceeds that of nouns, which means an active perception of the phenomenon and not an attitude of resignation to death. None of the target group subjects are afraid to use the verb “to die”, they face the reality without euphemisms.

The following sub-categories were also identified:

1. **sensations;**
2. **feelings;**
3. **return.**

1. From the first category, the sensations in turn are classified into:

a. **Hearing sensations:**

- hum;
- voices away;
- music;
- crackling;
- communication with people you meet, people close to you;
- communication with the Divinity;
- discussions between members of medical staff;
- the cry of those who are watching.

b. **Visual Feelings:**

- light (appears 42 times in the stories of the subjects): “a lot of light”, a beam of strong light, “that light, I have never seen it here”, “I cannot compare it with anything”, “an external light like a very bright sun”, “God was like a light”;
- tunnel (appears 14 times);
- darkness (appears 4 times);
- lack of ability to see (appears 6 times);
- deceased loved ones (parents) (appears 5 times); other people (appears in 1 case);
- unidentified persons (appears 2 times).

c. **OBE (out of body experience)**

In all ten reports we encountered extracorporeal experiences, starting with lifting off from their own body and feelings of flying, to outdoors travel or time travel.

d. **Kinesthetic sensations:**

- flight (appears in 1 story);
- float (appears 7 times);
- dance (appears 2 times).

2. **Feelings:**

- well-being (appears 12 times in the stories of the subjects);
- happiness (appears 5 times);
- peace (appears 5 times);
- quiet (appears 4 times);
- reconciliation (appears 4 times);
- trust (appears 1 time).

Most people going through an NDE feel like they are finally home – an indescribable state of well-being – and, therefore, they perceive the return to the body as undesirable.

Finally, we list some of the terms that NDE subjects used to describe their *experience*:

- ❖ “I was there.” (appears 2 times);
- ❖ “I was on the way.” (appears 2 times);
- ❖ “I was beyond.” (appears 1 time);
- ❖ “A break from this world.” (appears 1 time);
- ❖ “Eternal Feeling.” (appears 2 times);
- ❖ “The Land of Peace.” (appears 2 times).

3. **The return**

Commenting on the themes and sub-themes from the NDE subjects’ accounts demonstrates how effective the use of content analysis is, as it brings multiple elements inaccessible to the psychometric approaches when we tackle such a complex subject.

IV. Conclusions

Despite the limited number of subjects in the target group that does not allow extrapolation of the results, we believe that our study has helped to deepen this subject.

It is important to highlight the fact that only when we expand the mind to receive miraculous experiences like as NDE’s we may progress in understanding our consciousness.

Near death experiences have the power to become a real tool for healing our societal fear of death.

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