



**What is a near death experience (NDE) and what are the aftereffects?**

**ABSTRACT**

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## What is a near death experience (NDE)?

Between 4% and 15% of the population reports having had a near-death experience (NDE) according to studies in Germany (Knoblauch, Schmied, & Schnettler, 2001), Australia (Perera, 2005) and the United States (Gallup & Proctor, 1982; Ring, 1982; Sabom, 1982). A study completed in the Netherlands (Van Lommel, 2001) reported that 18% of survivors who experienced a heart attack and were clinically dead reported also experiencing an NDE (IANDS, 2011b; van Lommel, 2001).

While there are skeptics who doubt the authenticity or reality of near-death experiences, the researchers who study them are highly qualified and respected scholars. Even noted psychologist, Karl Jung is documented to have had a near-death experience in 1944, when he had a heart attack. He wrote that he would not have thought that such an experience could be possible, yet he found the experience to be very real (Jung as cited in Nelson, 2012).

The documented frequency of NDEs supported by intense research is attributed mainly to advances in technology that result in more people being resuscitated during life threatening situations, which include cardiac arrest, asphyxia or near-drowning, shock due to blood loss, cerebral haemorrhaging and traumatic brain injury (Agrillo, 2011; van Lommel, 2004). References to near-death experiences were found in writings from Europe, the Middle East, Africa, India (Blackmore, 1993, Satwant & Stevenson, 1986; Zaleski, 1987), Asia and Pacific and Native American cultures throughout time (Greyson, 2000b, 2006).

A near-death experience occurs while unconscious as a result of a medical emergency (Hanegraaff, 2013). To be clear, a near-death experience is a very specific cluster of events that are recollected by the experiencers and include two or more of the more than 15 common characteristics reported by near-death experiencers and identified by researchers (Greyson, 1993, 2000b; IANDS, 2011c; Long and Perry, 2010; Moody, 1975). While no two NDEs are identical, researchers studied them and described these common characteristics to clearly identify what is a near-death experience and what is not. Greyson (1993, 2000b) defined a characteristic NDE experience and found an NDE may include two or more of the following elements:

- leaving the body
- moving through a tunnel
- heightened awareness
- seeing a light or darkness
- being in a spiritual dimension, where one may encounter landscapes, deceased relatives, friends, spiritual beings or religious figures
- understanding the nature of the universe
- a holographic life review
- feeling connected to all that is
- crossing a point of no return
- knowingness about the future, and
- knowledge of one's life purpose.

These elements are consistent with other research findings (Greyson, 1993, 2000b; IANDS, 2011b; Long and Perry, 2010; Moody, 1975; Ring & Valarino, 1998; van Lommel, 2004).

## The Aftereffects of Near-death Experiences

Eighty percent of experiencers say that they have been profoundly changed by their NDEs (Fenwick & Fenwick, 1995; Greyson, 2000b, 2006; IANDS, 2011a). Greyson (2006) noted that one of the most significant features of an NDE is the life changing effect of the experience. Greyson observed the profound and long lasting changes that occur in experiencers' values, attitudes toward death and life meaning and purpose following an NDE. Whether the NDE itself was pleasurable (83%) or distressing (17%), the experiencers usually come to believe that the outcome was positive, and they remember it for a lifetime (Fenwick & Fenwick, 1995). Some of the changes occur immediately after the NDE, while other changes are more gradual taking months or years, as the individuals integrate the experiences (IANDS, 2011c).

Most experiencers report profound changes in their spiritual outlooks and beliefs and in their attitudes toward life (Fenwick, 2004; IANDS, 2011a; Kason & Degler, 1998; Moody, 1975; Ring, 2006). Some researchers describe the aftereffects of the NDE as a spiritual transformation, spontaneous spiritual awakening or spiritual emergence (Greyson, 1997, 2006; Grof & Grof, 1989; Kason & Degler, 1994).

Ring (1986) studied the aftereffects of NDEs by comparing self-reported data from the near death experiencers (NDErs) with information provided by close family and friends of the NDErs who had known them before and after the near-death experiences. Ring's study confirmed that close friends and family members supported the NDErs descriptions of their changes in appreciation for life, feelings of improved self-worth and greater concern for others.

Kason had a near-death experience in 1979, and she described her own spiritual transformation from the NDE as including improved relationships with family, greater capacity to love and forgive, stronger spiritual belief, greater commitment to truth, psychic experiences, strong intuition, clairsentience and clairvoyance. She wrote that in the years since her NDE, she has had many experiences of expanded consciousness during which she feels that her consciousness extends outside her body and she becomes more intuitively aware of everything around her. During these periods of expanded consciousness, Kason describes physiological aftereffects, such as rushes of energy along her spine accompanied by spiritual insights; a recurring inner noise; episodes when the world around her is more luminous; more inclination toward prayer, meditation and practicing yoga; and more awareness that we are all connected (Kason & Degler, 1998).

Grof and Grof (1989), Kason and Degler (1994 as cited in Rominger, 2010) and Rominger (2010) described that the aftereffects of a near-death experience may constitute a spiritual emergency. Grof and Grof (1989) stated that NDEs frequently incite spiritual emergencies because they challenge the belief systems of people who experience them. People who have experiences of unusual states of consciousness with emotional and intuitive experiences may be going through a spiritual evolution brought on by the near-death experience and due to the spontaneity of the experience, it constitutes a spiritual emergency or transpersonal crisis.

Both William James and Karl Jung considered the concept of spiritual emergency, and Jung wrote in *Memories, Dreams, Reflections* that he experienced a spiritual emergency (Viggiano & Krippner, 2010). Assagioli (1986) also wrote about the importance for medical and psychology personnel to understand spiritual development and emergency.

Not all manifestations of spiritual aftereffects from an NDE are considered spiritual emergencies.

Greyson (1983) reported that most people who had a positive near-death experience were less afraid of death and less anxious after the experience (Fenwick, 2004; Moody, 1975; Noyes & Kletti, 1976).

The International Association of Near Death Studies (IANDS) divides their summary of NDE aftereffects into psychological and physiological differences (IANDS, 2011a). Ring (2006) presented a psychological profile of NDErs following their experiences, and categorized the effects into three groups: (a) psychological and behavioral changes, (b) changes in consciousness and paranormal functioning, and (c) physiological and neurological changes.

### Psychological Changes

A summary of common psychological changes *after* a near-death experience as published by IANDS (2011a) includes:

- loss of the fear of death
- more spiritual
- less religious
- ability to think abstractly
- more philosophical,
- periods of depression
- more generous and charitable
- expanded concept of love
- challenges with relationships,
- unresolved issues from childhood and/or inner child issues
- less competitive
- strong sense of life purpose
- rejection of previous limitations in life and normal role-playing
- heightened senses (taste, touch, feel, smell)
- increased intuitive / psychic abilities
- charismatic
- child-like feelings of awe and wonder
- reduced stress
- more detached and objective
- continued dissociation or out-of-body experiences
- easily absorbed
- thirst for knowledge and enthusiasm for learning
- more inquisitive.

Ring's (2006) profile described changes related to a greater appreciation for life including:

- increased gratitude
- increased feelings of self-worth, self-confidence and self-acceptance
- increased concern and compassion for others
- reverence for all life and nature and respect for the planet earth
- rejection of materialism
- reduced competitiveness
- caring about what really matters
- more spiritual
- thirst for knowledge (often related to spirituality)
- sense of purpose and meaningfulness in life.

Van Lommel (2001) found that experiencers' beliefs in an afterlife had increased while their fear of death had decreased. NDE experiencers also had increased interest in the meaning of their own lives,

and increased acceptance of others and more demonstration of love. Both experiencers of superficial and core experiences realized the same changes. After 8 years, the life-change inventory reflected positive changes of the NDE experiences in the self-assured, socially aware and religious variables. The control group of non-NDE experiencers showed decreased belief in life after death and spirituality and increased fear of death.

**Life purpose.** Most experiencers say that they feel a greater sense of purpose in their lives and that they have changed attitudes about life after their NDEs (Moody, 1975). After her near-death experience, Eadie (1994) wrote that her life purpose was to live a full, abundant and joyful life and to use her free will to do so.

Kashdan and McKnight (2009) developed a theoretical model of purpose development, and identified three pathways that lead to development of a life purpose. The second pathway is reactive and results from a transformative life event, such as a near-death experience, which provides new meaning or clarity of purpose to the person's life. The other two pathways are:

1. Proactive – the person devotes time and energy to developing purpose; and
3. Social Learning – the person forms a life purpose by observing, imitating or modeling others (Kashdan & McKnight (2009).

The reactive development of a life purpose involves a chance event that transforms a person's motivation to be purpose-driven. Kashdan and McKnight (2009) noted that the person may become more introspective and may re-evaluate priorities, or seek out new activities that are more meaningful to them. The aftereffects of a near-death experience are transformative in that many NDErs change their behaviors and may become more spiritual or purpose-driven following their NDEs.

**Loving and accepting.** IANDS (2011a) described that experiencers become more loving and accepting of others and practice unconditional love and forgiveness after their NDEs. Experiencers see themselves as immortal souls living a physical experience to learn lessons. They may be less concerned with time or the past and future, and more focused on the present moment (Fenwick & Fenwick, 1995; Greyson, 2000b; Moody, 1975). Experiencers feel an expansion of consciousness and awareness of a connection to all that is (Assagioli, 1986).

**Intuitive abilities.** Some experiencers report increased psychic or intuitive abilities, or the ability to heal, having more out-of-body experiences, remembering the future, or awareness of other beings that they met during their NDE (Fenwick & Fenwick, 1995; Greyson, 2000b; Moody, 1975). One of Moody's (1975) clients reported that after his NDE, he felt he had a renewed spirit and that others found him to have a consoling manner. He was also able to intuitively learn information about others. Brinkley (1995) spoke about how confusing it was after his NDE when he realized that he had new intuitive abilities that he couldn't always interpret or control, and Storm (2005) noticed that his senses were much clearer and he could sense how other people felt because he had developed some psychic abilities following his NDE. Fenwick and Fenwick (1995) found that 42% of their respondents felt more spiritual after their NDEs; 22% felt like a better person, 40% said that they had become more socially conscious and 47% felt more psychic.

**Conflicting beliefs before and after NDE.** Experiencers also have a clear delineation between their lives before and after their NDEs. Storm (2005) described waking up in the hospital after his NDE and questioning the reality of his NDE and comparing how he had felt before his NDE with how he felt after. He wanted to change his life but he didn't know how to begin. All of these changes can make NDErs very different to their families and friends, sometimes causing difficulties in their relationships (IANDS, 2011a).

**Loss of fear of death.** One of the common aftereffects of the NDE is a loss of the fear of death because experiencers realize that consciousness continues after death (Fenwick & Fenwick, 1995; Greyson, 2000b; Moody, 1975). Fenwick and Fenwick's study (1995) found that 82% of their respondents were less afraid of death after their NDEs. Greyson (1992) compared fear of death between a group of 135 near-death experiencers, a group of 43 people who had a life-threatening experience but did not have an NDE, and 112 people who had not ever had a life-threatening experience. He found that NDErs were significantly less afraid of death than were the other two groups.

**Belief in afterlife.** Two of van Lommel's (2004) subjects described their belief in the existence of consciousness after death and an afterlife. The first stated that he found his NDE to be very real and convinced him that consciousness continues after death and life continues as if in a different life dimension. Another respondent said that the NDE was a gift because she now was convinced that there is an afterlife.

When experiencers return to their bodies after their NDEs, it is a confining and terrible experience, as described by one experiencer from van Lommel's (2004) study who stated that he did not want to return to life.

**Ineffable.** Experiencers often lament that there are no words that adequately describe their experiences and they search for the right words to tell their stories, which is one of the reasons why it has also been difficult for researchers to agree on a single definition of the near-death experience (Fenwick & Fenwick, 1995). Moody (1975) included one account that expressed this well. The respondent said that he had found his NDE experience to be beautiful beyond description and that he would have liked to share the experience with another but it would be too difficult to describe it.

**Distressing NDEs.** Greyson and Bush (1992 as cited in Rominger, 2010) described the aftereffect of a distressing NDE as an overwhelming feeling of emptiness and bleak anguish. Those who experienced a distressing NDE described being overcome with emotion when recalling their NDEs and feeling empty, depressed and separated from others. An experiencer of a distressing NDE said that he believed that he was going to hell when he died, so he did not think that his life mattered or that he could have any impact on the inevitable outcome of going to hell. This same experiencer described feeling at odds with religious leaders who had not actually experienced the afterlife as he had. He also described deep metaphysical, philosophical and existential fears following his distressing NDE (Rominger, 2010).

### Physiological Changes

Ring's (2006) profile described the following physiological changes:

- "hyperesthesia," sensitivity to light, sound, humidity and other environmental factors
- "hypoarousal," such as reduced body temperature, blood pressure or metabolic rate
- spiritual awakening - energy shifts or kundalini activation
- neurological and brain changes.

**Changed nervous systems.** Ring's (2006) study found that over 50% of respondents described that their nervous systems had changed since their NDEs and that more than 33% believed that their brains were physically changed by the NDE.

IANDS also described a number of physiological changes that have been observed in NDE experiencers.

**Sensitivity to light, sound and electricity.** Many feel an increased sensitivity to light and sound following their NDE, which results in changes to their tastes in music to more classical or soothing types and changes to their behavior related to spending time in the sun. Some avoid the sun while others simply cannot get enough of it (IANDS, 2011a).

IANDS (2011a) also reported that some experiencers become sensitive to electrical activity. The energy around them affects electrical equipment and devices, such as causing watches to stop, sound equipment to screech, TVs to change channels, computers to lose information and other unexplainable events. Experiencers who have had time to integrate their NDE experiences become more used to this sensitivity and handle it better than others who have not had time to adjust or process the experience (IANDS, 2011a).

**Kundalini awakening.** Experiencers also report increased energy surges along the spine and sightings of light around them. Some researchers (Grey, 1985 as cited in Greyson, 1993; Greyson, 2003; Kason & Degler, 1994; Kieffer, 1987 as cited in Greyson 1993; Kundalini Research Network, 2013; Ring & Valarino, 1998) believe that this is the kundalini energy, which is related to spiritual energy. Research is being conducted in Canada by the Kundalini Research Network, which is a group of researchers and health care professionals who study the power of consciousness and the kundalini energy (IANDS, 2011a; Kundalini Research Network, 2013).

Ring (1998) was the first Western researcher to suggest a relationship between the aftereffects of NDEs and the awakening of kundalini energy. Ring suggested that the kundalini energy is the source of the near-death experience or else that the near-death experience can trigger the kundalini energy to be released. Greyson researched whether there is a relationship between NDEs and kundalini energy and found that NDErs had more symptoms of the physio-kundalini syndrome than did those who had not had a near-death experience. The physio-kundalini syndrome is a model that was described by Itzhak Bentov, a biomedical engineer, to study the physiological symptoms of the kundalini awakening (Greyson, 1993).

The elements of a kundalini awakening include:

- a feeling of being immersed in a bright white light
- a sound like roaring water, ringing or buzzing
- energy surges up the spine
- sexual sensations
- expanded consciousness (Kason & Degler, 1994).

A classical kundalini episode is considered to include two or more of the above elements (Kason & Degler, 1994). All of the elements of the kundalini awakening described by Kason and Degler except sexual sensations are also aftereffects of an NDE, so whether an NDE is an awakening of the kundalini energy, is similar to the kundalini awakening, or incites the awakening is not determined; however, there are definite similarities. Grof and Grof (1985) add that a kundalini awakening can also bring forth traumatic memories from the past with accompanying emotions. This is similar to the NDE aftereffect in which unresolved issues from childhood and/or inner child issues are reawakened (IANDS, 2011a).

**Lifestyle changes.** Over time, experiencers adjust their eating and health habits to healthier diets and other lifestyle choices. They may also make changes related to work, relationships and attitudes to reduce stress in their lives or focus on what seems more important to them following their NDE. IANDS (2011a) reported that repression or denial of NDE aftereffects can have a negative effect on NDErs, and can result in undesirable delayed reactions years later.

### Comparison of Aftereffects Between NDErs and Other Survivors of Life-threatening Experiences:

Bonenfant and Randall (2004) compared both NDErs and non-NDErs who had life-threatening events to discover whether the aftereffects were similar between groups. They studied 56 people who had survived a life threatening event during which they had been declared clinically dead to see if the aftereffects of the two groups were similar. The first group was comprised of 40 people who reported an



NDE. Group 2 was made up of 16 people who had no recall of any experiences during their death. Both groups completed a questionnaire to determine behavioral changes and aftereffects usually described by NDErs.

The results were analyzed and it was found that non-NDErs did report some similar changes or aftereffects to the NDErs, which may be attributable to surviving a life-threatening event; however, the study found statistically significant differences in the results between the two groups, specifically as they related to psychic, spiritual and paranormal effects. They concluded that these aftereffects resulted from actual spiritual experiences. The study also found a positive relationship between the length of the death event and neurological factors in the group that experienced an NDE. This study also identified a new physiological aftereffect related to NDErs – spinal tingling. The NDEr group also indicated that changes in behavior and aftereffects from their NDEs were both continual and became more intense over time. Bonenfant and Randall speculated that the spinal tingling and hypersensitivity may suggest that neurological cascades due to stress during the NDE could account for long term neurological changes. They concluded that further advances in technology, physics and neurobiology are needed before these questions can be fully answered (Bonenfant & Randall, 2014).

### **Coping After the NDE**

van Lommel's study (2010) showed that it takes several years after an NDE for experiencers to integrate the experience. This confirmed findings from several previous studies (IANDS, 2011c; Morse, 1996; Morse & Perry, 1990; Ring, 1982; Sabom, 1982). IANDS (2011a) reported that the first three years following an NDE can be confusing and that the experiencers may not feel that they have completely returned or are present (IANDS, 2011a). Storm (2005) wrote that he faced a number of critical questions after his NDE, such as, was it real or a dream? What really happened and why did it happen to him? And what was he going to do with the rest of his life? Others have made significant life changes, such as changing a career from art teacher to church minister (Storm, 2005) or becoming much more religious after an NDE (Black, 2010).

Van Lommel's (2010) study employed a solid methodology, which included interviewing patients three times during the eight years following the NDE and comparing the results with a matched control group comprised of people who had experienced a heart attack and also been declared clinically dead but did not have an NDE. van Lommel's study asked the question whether common aftereffects of NDEs result from surviving cardiac arrest or whether they result from the NDE itself. His study found that those who experienced an NDE had a more complex coping process than those who had not had an NDE. The differences in the results between those who had an NDE and those who did not were significant.

The first phase of the study yielding the initial results took place between 1988 and 1992. At that time, 52 of the 344 patients (18%) had an NDE and 282 (82%) did not. Two years later, van Lommel's team was able to interview a total of 74 of these patients again; several had died and some chose not to participate. Thirty-five NDErs and 39 non-NDErs were interviewed this time, and the study found that 13 of 34 factors studied were significantly different between the NDErs and non-NDErs. For example, the people who had an NDE were significantly less fearful of death and had a significant increase in their belief in the afterlife. NDErs also showed more emotions, were more accepting of others, demonstrated more love and a more positive attitude toward life, were more compassionate toward themselves and others, and were more involved in family than were the non-NDErs. NDErs also showed significantly more interest in spirituality and the meaning of life and they had less interest in materialism. NDE experiencers were also found to be more emotionally sensitive and perceptive than were the people in the control group who had not had an NDE (van Lommel, 2001, 2010).

Van Lommel (2001, 2010) explained that the difficulty integrating the NDE experience may result from psychological processes, possibly due to society's lack of acceptance of the NDE experience, causing experiencers to repress the incident.

Eight years after their cardiac arrests, while there were still distinct differences between the 23 NDErs and 15 non-NDErs, all participants were more interested in nature and fairness, demonstrated greater love and emotions, and were more involved with their families. However, the NDErs continued to have compelling differences from the non-NDE group, such as being less afraid of death, having a stronger confidence that there is an afterlife, having a stronger interest in spirituality, and being more loving to themselves and others. The NDErs were also less interested in materialism and found greater contentment in everyday things. The non-NDErs continued to show lessening interest in spirituality (van Lommel, 2001, 2010).

By the time these last interviews had been completed, those who experienced NDEs reported that their near-death experiences had given them a greater understanding of everything that is important in life; they felt more compassionate, more loving, more accepting. Most of the sample who had an NDE reported that they no longer feared death at all and they experienced more intuitive abilities and stronger connectedness to the planet and others. Many of the NDErs described having paranormal abilities, which also caused some integration problems (van Lommel, 2001, 2010).

The van Lommel (2001) study was the first to conduct interviews after two and eight years to facilitate comparisons of change between cardiac patients who had an NDE and cardiac patients who had not had an NDE allowing them to observe a recognizable pattern of change between the two groups. They learned that integrating the changes after an NDE is a protracted process. While cardiac patients who did not have an NDE also experienced change, the pattern was different and more gradual than that experienced by the NDErs (van Lommel, 2010).

Parnia, Spearpoint and Fenwick (2007) also wrote about cardiac arrest survivors comparing those who had NDEs with those who did not and confirming that there are significant differences between the two groups. They pointed out that recent research confirms that between 10% and 20% of resuscitated cardiac arrest patients experienced an NDE. They found that most cardiac arrest survivors experience a good life quality; however, some are affected by cognitive losses and emotional damage. In fact, 20% to 50% of cardiac arrest survivors experienced long-term memory loss. Approximately 45% of cardiac arrest survivors experienced depression and 24% experienced severe depression. Cardiac arrest survivors who had NDEs were found to be happier, better socially adjusted, less materialistic, more altruistic and less afraid of death than the survivors who did not have an NDE. Their research concluded that near-death experiences may have a protective effect against Post Traumatic Stress Disorder (PTSD), cognitive and emotional deterioration after cardiac arrest, as those who experienced NDEs following their cardiac arrests were less likely to experience cognitive or emotional impairment or suffer from PTSD. Parnia et al. advise that this is a relatively unstudied area of research and more work is needed to study and implement long term psychological care for cardiac arrest survivors.

The severity of an aftereffect and how it affects an individual is what determines whether it is viewed as a positive or negative aftereffect and how easy or difficult it is to integrate. One experiencer may find an aftereffect troublesome to him/her whereas another experiencer is not bothered by that particular aftereffect. For example, Brinkley (1995) spoke about how confusing it was after his NDE when he realized that he had new intuitive abilities that he couldn't always interpret or control, yet Storm (2005) noticed that his senses were much clearer and he could sense how other people felt because he had developed some psychic abilities following his NDE but he did not describe his psychic abilities as problematic.

Kason described that she felt more loving resulting in improved relationships with her family and friends (Kason & Degler, 1994), whereas for other NDErs (75%), divorce follows their NDEs because they have difficulty relating to family and friends.

Greyson (1997) described the case of Ms. L, who was troubled for 20 years by the aftereffects of an NDE that she experienced at the age of 6. After the NDE, she was angry at God for interfering in her normal life, which she said she had not been able to reclaim after the NDE. She described that she had felt such pure overwhelming and unconditional love during her NDE, yet she had not ever been able to experience such love in this world, leading to feelings of discontent and frustration.

In his address to the Division of Perceptual Studies at the University of Virginia in 2007, Greyson distinguished between positive and negative effects of NDEs indicating the following to be positive effects, ones that contribute to beneficial personal transformation following an NDE:

- increased spirituality
- greater feelings of love and concern for others
- greater appreciation for life and sense of purpose
- reduced fear of death
- less materialistic and less focused on personal status
- less competitive
- increased belief in an afterlife (Greyson, 2007c).

Ring also wrote about these positive effects (Ring, 1980, 1984 as cited in Greyson, 2007c). Greyson reported the following to be negative aftereffects (those that require more adjustment or work to integrate):

- conflicts between pre-NDE beliefs and post-NDE beliefs and attitudes
- fears of rejection or invalidation if they share the NDE experiences
- reactions from family and friends to the NDErs' changed beliefs, values and/or attitudes
- marital or relationship issues, which result in high divorce rates amongst NDErs
- anger
- depression
- feelings of isolation or alienation
- disrupted careers
- inability to function in the world (Greyson, 2007c).

Some of the aftereffects are DSM-5 Axis 1 disorders and "other conditions which may be a focus of clinical attention," which are usually issues requiring immediate clinical attention. Depression is one such aftereffect; if left untreated it could result in harm to the client / NDEr or others (Dewey, n.d.). Additionally, aftereffects, such as recurrence of unresolved childhood issues, recurring out-of-body experiences, hypoarousal or hyperarousal may be similar to the dissociative subtype of PTSD (US Department of Veteran's Affairs, National Center for PTSD, n.d.) and may also require immediate clinical attention.

Kason and Degler (1994) also distinguished between symptoms or aftereffects that are positive in the sense that they are less troublesome or difficult for experiencers to integrate, and those that are negative, or more difficult for the experiencer to handle. Feelings of increased happiness or joy, increased intuition and psychic perceptions, clairvoyance, feelings of oneness or connectedness, rushes of energy through the body, feelings of being divinely inspired, feelings of heightened awareness or expanded consciousness were identified as positive aftereffects, whereas feelings that there is a

negative presence or that God cannot be trusted, frightening visions, and excessive clairvoyance are identified as negative symptoms or aftereffects.

Sartori (2014) described the following aftereffects as negative or more difficult to cope with: increased personal distress, higher divorce rate, feelings of isolation, inability to express feelings and depression.

IANDS held a retreat in 2006, which was attended by 26 near-death experiencers. The purpose of the retreat was for NDErs to share their experiences with their peers. At the retreat, they identified the six most compelling challenges faced by NDErs:

- integrating a dramatic shift in reality
- accepting their return to life
- discussing the near-death experience with others
- balancing new spiritual values with everyday expectations
- coping with heightened sensitivities and new psychic abilities
- learning and living life purpose (IANDS, 2006 as cited in Sartori, 2014).

Some spiritual awakenings are readily integrated by the experiencers because they emerge gradually accompanied by feelings of joy, knowledge of life purpose and insights about the universe; however, some experiencers are unable to integrate the light and energy that are part of the spiritual awakening if it is sudden or intense because their emotions, intellect or nervous systems are not strong enough.

Some longer term aftereffects of NDEs include isolation, broken relationships, career issues, depression, and trying to readjust to a new view of the world (Greyson, 1997; Griffith, 2009; Rominger, 2010). Greyson (1997) also wrote about the “dark night of the soul,” a feeling of abandonment that can occur following a profound or ecstatic experience, and can be mistaken for depression. Rominger (2010) reported that life post-NDE can include anger, depression, problems adapting to daily life again and questioning one’s own mental state. Some feel angry that they were forced to return to their ordinary lives in this physical world.

Those whose NDE experiences were distressing may have more difficulty integrating the experience (Bush, 2002; Griffith, 2009; IANDS, 2011c). In the discussion of distressing near-death experiences, a description of the torment type of experience of Storm (2005) was included. He said of this experience that he was not able to describe the whole experience because it was too terrifying and horrendous to recount it and he had spent years trying to overcome it. When he did think about it, he found it traumatizing.

Bush (2002) described three ways that NDErs deal with an unpleasant NDE.

1. Conversion response, in which the experiencer interprets the unpleasant experience as a warning and tries to convert his or her life.
2. Reductionism response in which the experiencer interprets the experience in some logical way, such as accepting that it may have been caused by oxygen levels in the brain or a seizure, for example.
3. Long-haul response, which usually occurs after a nothingness type of NDE and the experiencers are left wondering for years about what happened or why it occurred to them (Bush, 2002).

Griffith stated that the long-haul response group is the most likely group to seek therapy to assist them to integrate the experience (Griffith, 2009).

## **Integrating the Experience with Psychological Counseling**

Moody (1975) pointed out that experiencers usually feel no doubt whatsoever about whether the experience was real. However, they are reluctant to tell others because they fear being ridiculed or having their profound experiences invalidated by others who do not understand. One of Moody's clients said that he avoided telling anyone about his NDE because he was afraid that people would think that he was making it up. Eventually, he decided to tell his family to see how they would react, and they were supportive. Then, he felt more comfortable sharing the experience with Moody.

Even though NDEs occur in approximately 5% of the population, and there has been significant research about the positive aftereffects, not much has been written about the psychosocial and psychospiritual aftereffects. Greyson reported that many experiencers are conflicted if what they experienced during the NDE does not match up with their belief systems or values, yet popular opinion may deter them from pursuing support for fear of being mocked (Greyson, 1997).

Most experiencers cope on their own to integrate the experience and resolve conflicts. Some professionals may also not take experiencers seriously if they seek help (Greyson, 1997). In his own account of his feelings after his NDE, Storm (2005) wrote that he was not visited in the hospital by a chaplain or a psychiatrist. While he thought about asking to see someone, he was afraid that he would not be believed, as he had already observed others' reactions to some of the things he had told them about his experience. He decided not to request a meeting with a professional to discuss the NDE because he felt too physically and emotionally weak to show his vulnerability, so he waited a few months until he was stronger before he decided to talk about his NDE. After his NDE, Storm (2005) left his career as an artist to become a Christian minister. Since then, many people have discussed their NDEs with him and have also confided that they kept the information to themselves for many years because they also feared ridicule.

Storm (2005) explained that, due to the complexity of processing the near-death experience, there is a need for nonjudgmental listeners, such as psychologists, psychiatrists, doctors and clergy, to hear the experiencers' stories. Griffith (2009) also supported this idea.

Because the changes after a near-death experience are profound, family relationships can be tested, and it is noted that divorce rate among NDE experiencers is as high as 75% (Bush, 1991; Griffith, 2009).

Experiencers also may feel anger or depression following the NDE, or they may isolate because they do not feel that others understand or share their experiences. In addition to adjustments related to changing values and beliefs, isolation, depression and relationships, those who have had a negative NDE may also have frightening memories or dreams (Greyson, 1997; Griffith, 2009).

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