

A caregiver refers to anyone in whom a near-death experiencer (NDEr) confides about their NDE. The first caregiver to whom most NDErs turn is a medical professional who is nearby within moments, hours, or days of the NDE. Other caregivers include family, friends, and anyone else to whom the NDEr discloses their experience. Usually, the first discussion of an NDE plays an important role in the course of the NDEr's integration process—a process that research¹ has shown can take years. The following suggestions are offered to help caregivers provide NDErs with the chance to discuss the experience as soon as they are ready and to set out on a constructive course of integration.

To be most helpful to NDErs, caregivers need accurate information, a helpful attitude, and specific skills.

Information. Research conclusions² indicate that

- ◆ As many as 5% of the adult U.S. population have had an NDE.
- ◆ NDEs occur to people in a variety of situations, including actual clinical death or situations involving medical procedure, severe illness, injury, accident, or suicide attempt in which death is occurring, is imminent, or is possible, or in which the person believes they are about to die or are dying.
- ◆ The content of most NDEs ranges from pleasant to blissful, including such common elements as an out-of-body experience, movement through a tunnel or void, encountering deceased loved ones and supernatural beings, and a life review.
- ◆ The content of some NDEs ranges from mildly to extremely distressing, involving such content as feelings of guilt, remorse, fear, confusion, or resistance; profound isolation; or, most rarely, hellish settings.
- ◆ In the aftermath of a near-death situation, it is not currently known why many people report no NDE, others report a pleasant NDE, and a much smaller number report a distressing NDE.
- ◆ Immediate reactions to NDEs can range from “no big deal” to intense preoccupation.
- ◆ Long-term effects of NDEs typically involve mild to extreme changes in personal beliefs, attitudes, values, goals, and sense of spirituality.

Attitude: The most helpful caregiver fosters a safe psychological environment. In this environment, the NDEr can express and explore the NDE itself and his or her evolving response to it. The caregiver creates this environment through an attitude of

- ◆ Openness to listen to as little or as much as the NDEr wants to disclose,
- ◆ Acceptance of the NDEr's experience as their subjective reality,
- ◆ Interest in the NDE as a valid human experience,
- ◆ Inquiry into any meaning that the NDEr attributes to the experience, and
- ◆ Support for the NDEr's ongoing process of integration.

Establishing and keeping this attitude often calls for the caregiver to put aside personal beliefs and values in order to honor and foster the NDEr's development of his or her own beliefs and values.

Skills: The most helpful caregiver draws on a set of specific skills. These include:

- ◆ Prior to any known situation in which an NDE might occur, such as a medical procedure, the caregiver volunteers the reassurance that, “At any time around your procedure, I'm interested to know anything you're experiencing. You can feel free to tell me anything you want to.”
- ◆ After any situation in which an NDE might have occurred, the caregiver volunteers the information that, “Sometimes when people have been through [the situation the person has been through], they describe unusual—or sometimes even weird—memories or experiences. I wonder whether you have a memory or had an experience like that.”
 - If the person looks quizzical or uncertain, the caregiver reflects, “It looks like you don't have any memory of anything unusual,” and then moves on to a topic of relevance to the person.
 - If the person responds with any level of recognition, the caregiver reflects, “I'm interested to hear about anything you want to tell me from what you remember.”
- ◆ If the person reports an unusual memory or experience, whether or not it seems to be an NDE, the caregiver uses primarily two skills:

- Reflection: restating the emotions and content the person is describing (“So you found yourself in a beautiful, intensely colored sort-of garden scene where things seemed to be lit up from the inside”), and
- Open-ended questioning: questions that cannot be answered by “yes” or “no” and that encourage the person to go into more detail (“And what happened next?”).
- ◆ When the person has described the actual experience as much as they seem to want to, the caregiver asks, “What does the experience mean to you?” or “What do you make of all that?” and reflects the person's answer.
- ◆ The caregiver evaluates the person's level of need for further help.
 - If the person seems satisfied to have discussed their experience to this extent, the caregiver offers, “If you would like to talk more about this again, or if you'd like information about others who've had experiences similar to yours, let me know.”
 - If the person wants more information, the caregiver refers them to the IANDS website at <http://www.iands.org>, Resources there include social support, such as contact information for the over 50 local Friends of IANDS support groups that meet usually on a monthly basis, and IANDS' message board, as well as media support such as brief articles on various NDE-related topics, an *Introductory Bibliography of Near-Death Experiences* that lists recommended readings, and a list of audiotapes of presentations from past IANDS conferences that can be purchased.
 - If the person seems distressed—preoccupied, emotionally upset, etc.—the caregiver refers the person to a mental health professional who is equipped to provide the person with more intensive and ongoing assistance. Caregivers can contact, or can refer the NDEr to, the Center for Psychological & Spiritual Health (formerly the Spiritual Emergence Network) at <http://www.cpslh.org> or by phone at (415) 575-6299. NDErs who want information about how to choose a psychotherapist can consult the *Experiencer's Guide to Psychotherapy*, available

at <http://www.iands.org/therapist.html>

For suggestions about appropriate mental health interventions, the interested reader can consult these resources:

Greyson, B. (1996). The near-death experience as transpersonal crisis. In B. W. Scotton, A. Chinen, & J. R. Battista (Eds.), *Textbook of transpersonal psychiatry and psychology* (pp. 302-315). New York: Basic Books.

Greyson, B. (1997). The near-death experience as a focus of clinical attention. *Journal of Nervous and Mental Disease*, 185, 327-334.

Greyson, B., & Harris, B. (1987). Clinical approaches to the near-death experience. *Journal of Near-Death Studies*, 6, 41-52.

Kason, Y. (2002). Farther shores: Exploring how near-death, kundalini and mystical experiences can transform ordinary lives. Toronto: HarperCollins

A reprint of the last article is available for purchase from the IANDS office; see contact information on this brochure.

The caregiver who would like to do in-depth reading on specific NDE-related topics may contact the IANDS office to purchase the *Near-Death Experiences Research Bibliography*. This bibliography enables the user to generate a citations list of every *Anabiosis* and *Journal of Near-Death Studies* article published through 2001 that addressed a particular topic related to NDEs, and, if desired, purchase reprints of the listed citations from the IANDS office. Caregivers with other questions not answered in this brochure may also contact the IANDS office.

¹ van Lommel, P., van Wees, R., Meyers, V., & Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *Lancet*, 358, 2039-2045.

² Greyson, B. (2000). Near-death experiences. In E. Cardeña, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence*. Washington, DC: American Psychological Association.

If you found this brochure helpful and would like to help others have access to such information, you can support IANDS through

- ❖ ongoing membership,
- ❖ donations of money, and/or
- ❖ donations of your time and talents.

Please use the contact information that appears on this brochure.



For More Information, write . . .

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Incorporated in Connecticut in 1981 as a 501(c)(3) non-profit organization according to Internal Revenue Service regulations, the International Association for Near-Death Studies, Inc. (IANDS) mission is to respond to needs for information and support concerning near-death and similar experiences. IANDS' goals are:

- ❖ To encourage thoughtful exploration of all facets of near-death and similar experiences;
- ❖ To provide reliable information about such experiences to experiencers, caregivers, researchers, and the public;
- ❖ To serve as a contact point and community for people with particular interest in near-death and similar experiences.

IANDS maintains no "party line" on the interpretation of near-death or similar experiences and is open to the presentation of varying responsible points of view. The Association is committed to scholarly investigation of the NDE and to providing accurate information based on those findings.

IANDS publishes two quarterly periodicals, the scholarly *Journal of Near-Death Studies* and the newsletter *Vital Signs*, in addition to other informational materials. It sponsors a national conference in North America annually and other conferences occasionally.

Caring for the Near-Death Experiencer: Considerations for Caregivers



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