

For suggestions on appropriate mental health interventions, you can consult the following resources:

Foster, R., James, D., & Holden, J. M. (2009). Practical applications of near-death experiences research. In J. M. Holden, B. Greyson, & D. James (Eds.), *The Handbook of Near-Death Experiences: Thirty Years of Investigation* (pp. 235-258). Santa Barbara, CA: ABC-CLIO.

Kason, Y. (2008). *Farther Shores: How Near-Death, Kundalini, and Mystical Experiences Can Transform Ordinary Lives*. Bloomington, IN: iUniverse.

If you would like to do more in-depth reading on NDEs, IANDS suggests:

Lessons From The Light: What We Can Learn From The Near-Death Experience. (2000). Needham, MA: Moment Point Press. for non-NDErs and provided a good summary of NDEs and aftereffects based in solid empirical research.

The Handbook of Near-Death Experiences: Thirty Years of Investigation. Holden, J. M., Greyson, B., & James, D. (Eds.). (2009). Santa Barbara, CA: ABC-CLIO. Each chapter provides a comprehensive, critical review of all scholarly publications from 1975, when the field of near-death studies opened, through 2005 on a specific sub-topic of NDEs.

The Big Book of Near-Death Experiences: The Ultimate Guide To What Happens When We Die - Atwater P.M.H. (2007). A comprehensive, encyclopedic resource of useful information about NDEs and related phenomena.



WWW.IANDS.ORG

For additional information, call (919) 383-7940

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 NDEs and providing accurate information based on those findings.

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

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.

Caring for the Near-Death Experiencer Considerations for Caregivers



IANDS
EXPLORE THE EXTRAORDINARY

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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.

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:

- ◆ About 4 out of 5 people who survive a close brush with death report they remember nothing unusual, and about 1 out of 5 report they remember an NDE.
- ◆ NDEs occur 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 contents of most NDEs range 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 contents of some NDEs range from mildly to extremely distressing; they can include 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 most people report no NDE, a minority report pleasurable NDEs, and an even smaller number report distressing NDEs.
- ◆ 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, behavior, relationships (or interaction with others), and sense of spirituality.

ATTITUDE ~ The most helpful caregiver fosters a safe psychological environment. In this way, the NDEr can express and explore the NDE itself and their evolving response to it. The caregiver creates the 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 recognition, the caregiver reflects, “I'm interested in hearing anything you want to tell me about 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: restate the emotions and content the person describes (“you found yourself in a beautiful, intensely colored sort-of garden where things seemed to be lit up from the inside”), and
 - ◇ Open-ended questions that can't be answered yes or no and that encourage more detail (“And what happened next?”).
- ◆ When the person has described the actual experience as much as they 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.”
 - ◇ For more info, the caregiver can refer the NDEr to the IANDS website, www.iands.org. Resources include social support, contact information for the IANDS group meetings, articles on NDE-related topics, an *Introductory Bibliography of Near-Death Experiences*, recommended readings, and a list of audio and video presentations from IANDS conferences.
 - ◇ If you are trying to find a counselor or other mental health professional, you can contact the American Center for the Integration of Spiritually Transformative Experiences, at www.aciste.org. NDErs who want information about how to choose a psychotherapist can consult the *Experiencer's Guide to Psychotherapy*, available at www.iands.org/support.