Avoiding Harm: Responding Therapeutically to Disclosure of a Near-Death Experience

Janice Miner Holden, Ed.D., Professor
(Jan.Holden@unt.edu)
Research

• In a study of 88 near-death experiencers’ (NDErs’) 188 most noteworthy experiences of disclosing their NDEs to health professionals...

(Holden, Kinsey, & Moore, 2014)
Research

- NDErs reported more of their noteworthy experiences of disclosure were to confidants who were medical, rather than mental or religious/spiritual, health professionals.
Research

• In disclosure experiences NDErs identified as *helpful*, confidants who
  • Recognized and labeled the NDE as an NDE,
  • Conveyed that the NDE was, or at least could very well have been, real,
  • Did not pathologize the NDE or NDEr, and
  • Did not demonize the NDE or NDEr.

...and NDErs identified as *harmful*, confidants did the opposite.
Research

• Disclosure experiences ranged from wonderful to horrible with professionals from all health professional groups (medical, mental, religious/spiritual healthcare providers)—with no group overall better or worse than another.

• Quality of disclosure experiences hasn’t changed over the past 7 decades—despite increased information over the past 4.
Research

• NDErs disclosed sooner to medical than to other health professionals

• In all health professional groups,
  • the sooner after the NDE it was disclosed, and
  • the deeper the NDE—the more, and more intense, the features of the experience—...the worse the disclosure experience, with no difference based on group.
Recommendations for Healthcare Professionals

N’s, D’s, and E’s

D’s: Don’t do these.

N’s: N-act (enact) these neadstead.

E’s: Effects of the N’s on the NDEr.
1. Because research indicates that approximately one in five people who survive a close brush with death report an NDE...

(Zingrone & Alvarado, 2009)
Healthcare Pro Rec’s

1. Don’t disregard the possibility of an NDE.
   
   Do narrate to the NDEr what you are doing.
   
   [During rescue search] “If you can hear or see me, I am looking for you.”
   
   [During CPR] “If you can hear or see me, I am doing what I can to bring you back.”
   
   NDEr will feel elucidated as to your actions and intentions in relation to him/her.
Healthcare Pro Rec’s

2. Because research shows that
   - NDErs often, but not always, want to talk about their NDEs, and
   - If they want to talk, talking can be helpful—and not talking can be harmful...

Healthcare Pro Rec’s

2. Don’t discourage the NDEr from talking about the experience.

Do n-vite (invite) the NDEr to talk about it.
   “Did anything unusual happen?”
   “If you like, please tell me about it.”

NDEr will feel encouraged to discuss the experience as much as (s)he wishes.
Healthcare Pro Rec’s’s

3. Because
   - NDEs are a recognized, well-researched phenomenon, and
   - One factor NDErs indicate made their disclosure experience helpful rather than harmful was that the confidant recognized and identified the NDE as an NDE...

(Holden, Greyson, & James, 2009)
Healthcare Pro Rec’s

3. Don’t deny the NDE as an experience that has been recognized and labeled.

Do know and name the experience as an NDE. “It sounds like you might have had an experience known as a near-death experience.”

NDEr will be educated that his/her experience is a known, named phenomenon.
4. Because research shows
   - That most NDErs report their NDEs felt absolutely real or even hyper-real,
   - Many cases in which NDErs perceived things during their NDEs that they shouldn’t have been able to (physically) but that were later confirmed to be correct (a phenomenon called veridical perception)...

   Holden, 2009
Healthcare Pro Rec’s

4. Don’t **disbelieve** that the NDE could be a real experience.

Do **naturalize** the NDE as a real or, at least, potentially real experience.

NDEr will feel **endorsed** as someone who had a legitimate and real or potentially real experience.
Healthcare Pro Rec’s

5. Because research shows no relationship between NDEs and mental disorder (in other words, among people who survive a close brush with death, approximately one in five people without a mental disorder report an NDE, and one in five people with a mental disorder report an NDE)...

Holden, Long, & MacLurg, 2009
5. Don’t **diagnose** the NDEr with a mental disorder on the basis of the experience alone. Do **normalize** the NDE as common (20% of survivors of critical illness or injury) and not inherently related to mental illness. NDEr will feel **equalized** that the experience itself doesn’t render him/her “crazy.”
6. Because research shows that in the aftermath of an NDE, both NDErs and their families and friends report that NDErs have tended to become more spiritual, including
- Less materialistic,
- More compassionate toward others,
- More concerned about others, and
- More interested in spiritual matters...

(Holden, 2012)
Healthcare Pro Rec’s

6. Don’t **demonize** the NDE as spiritually evil or malevolent.

Do **numinize** the NDE as spiritually neutral, benevolent, or potentially benevolent.

NDEr will feel **enlightened** that his/her experience was not inherently “evil” and is potentially spiritually beneficial.
Healthcare Pro Rec’s

7. Because NDErs often report they need time to process their NDEs in order to come to an understanding of them...

(Foster et al., 2009; Holden, 2012; Noyes et al., 2009)
7. Don’t **determine** the meaning of the NDE.

Do **n-quire (inquire)** about the meaning the experiencer attributes to the NDE. “What does it mean to you?”

NDEr will feel **empowered** to reflect on and generate one’s own evolving meaning of the NDE.
Healthcare Pro Rec’s

8. Because NDErs report that they often find it helpful to read about NDEs and/or to talk with other NDErs and knowledgeable health professionals...

(Foster et al., 2009; Holden, 2012; Noyes et al., 2009)
Healthcare Pro Rec’s

8. Don’t **deprive** the NDER of resources for further information and support.

Do **navigate** the NDER to such resources.

NDER will feel **equipped** to find further information and support.
## Healthcare Pro Rec’s

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Recommended resources

Books:


A green light to greatness.
Recommended resources

Audiovisuals:


Recommended resources

Online:

The International Association for Near-Death Studies
www.iands.org

The American Center for the Integration of Spiritually Transformative Experiences (ACISTE [pronounced “assist”])
www.aciste.org

NDEs: Continuing Education for Healthcare Providers
http://iands.org/education/online-nde-course.html
References


