NEAR DEATH EXPERIENCES (2003, Pam Kircher, MD; pk@pamkircher.com)

DEFINITION OF A NEAR-DEATH EXPERIENCE

What is an NDE? The definition of a NDE has been controversial since Dr. Raymond Moody first coined the phrase in his 1975 book, *Life after Life*. A narrow definition includes an OBE that occurs during a cardiac arrest that has the features of the 1985 Greyson NDE scale (cognitive, affective, and transcendental features with assigned points for individual types of experiences.) A broad definition includes any experience that has some features of a NDE (OBE, mystical encounters, feeling of peace, etc.) with the physiologic state at the moment being considered irrelevant. I prefer the narrow definition found in the 1992 Dictionary of Modern Medicine which states that a NDE is: "a phenomenon of unclear nature that may occur in patients who have been clinically dead and then resuscitated; the patients report a continuity of subjective experience, remembering visitors and other hospital events despite virtually complete suppression of cortical activity."

MY INVOLVEMENT WITH NDEs

How did I get involved in this field? My "work" with NDEs began when I was a six-year old child living in a small town in the Midwest portion of the United States. The year was 1950 and I had a peritonsillar abscess that had tracked into my brain producing meningitis. To this day, I remember the excruciating head and neck pain as I succumbed to the illness. The next thing that I remember is being out of body up in the corner of the room. I did not feel absolutely any pain, nor did I feel surprise even though I had nothing in my experience that would indicate that it was natural to be out of my body in the corner of the room. I remember feeling that I was the soul that I was before I was born and that I was the soul that I would be when I remembered who I was in this life, and certainly when I died. I did not feel like either a boy or a girl, nor did I feel like a child or a grownup. I was simply myself at my deepest essence. I felt as though I was surrounded by God and was entirely at peace. I then noticed a little girl in a bed below me. At first, I empathized with her pain and then I realized that I must be that little girl, and, with that thought, I was immediately in my body again. From the moment that the event happened, I knew at a deep level that it was perfectly okay and natural. However, it was many years before I trusted my parents enough to tell them what I had experienced. I was convinced that they would be frightened and try to "fix" me in some way. I knew that I didn't need to be fixed in any way. From that moment, the possibility of OBEs seemed perfectly natural to me.

In the ensuing years, my NDE was an important part of my life, but I never told anyone about it until I was 42 years old. I felt that my NDE had been a unique experience that didn't happen to very many people since no one mentioned one. Of course, I hadn't mentioned mine to anyone either. I was profoundly moved in 1989 when I read Ken Ring's 1984 book, *Heading Toward Omega*, and realized that my values were absolutely the norm among NDErs. My sensitivity to other people's feelings to the point of literally feeling them, my interest in spirituality and disinterest in material possessions, my strong desire to be of help in the world were all perfectly standard values of NDErs. Suddenly, my life made sense to me. It was at that moment that I vowed to share my story and my knowledge with other people since they were likely to take me seriously, not because I was an NDEr with direct experience, but because I was a successful physician with a MD behind my name.

I also found the International Association of Near Death Studies (IANDS), an organization that was dedicated to supporting people who have had NDEs and to furthering knowledge and research in NDEs. I attended my first conference in Georgetown, Virginia in 1989 and was incredibly moved by being in the presence of many other NDErs and feeling safe to talk about my experience and how it had influenced my life. When I went back to Texas, I organized an IANDS support group for people with NDEs that met monthly for the next five years until I moved to Colorado. During that time, many NDErs shared their stories for the first time in their lives and received support from people who absolutely knew how they were feeling. Many people also came with puzzling mystical experiences that had not occurred during a time that they were close to death. They, too, appreciated a venue for sharing all of who they were. And I learned a lot about NDEs. To this day, the annual IANDS conference is a high point of my year where I meet old and new friends and hear about what is current with NDEs from the point of view of a near-death experiencer, a clinician, and someone interested in research findings.

NDEs IN HOSPICE PATIENTS

In addition to becoming involved with IANDS, I began speaking with any group who would listen to me talk about NDEs. This has often included physician settings. As I gave talks about NDEs, I became more interested in hospice work and moved from a family practice setting to a hospice setting in 1990. From 1990-1994, I worked at the Hospice at the Texas Center as a hospice physician who visited patients in their homes and in the in-patient setting. During that time, I cared for some 2000 hospice patients. I was with many of them when they died. What I discovered is that NDEs are very common in the last few days of life, but they do differ from NDEs that occur in the acute setting in several ways. First, they do not necessarily happen at the time of acute physiological changes. NDEs in the acute setting such as in heart attacks are traditionally seen in the setting

of cardiac arrest. Although cardiopulmonary resuscitation is not generally done in the hospice setting, hospice patients nevertheless frequently undergo NDEs. While encountering deceased relatives is fairly rare in the acute setting, when hospice patients have NDEs, they nearly always encounter deceased relatives. I have never had a patient encounter someone who is still alive. Occasionally, I have seen them encounter a deceased relative that they didn't know was yet deceased. Also, they frequently encounter deceased relatives when they are wide-awake and able to converse in a completely oriented way. I don't technically call this a NDE since they are completely awake and oriented. I also don't call it a hallucination since people who are hallucinating can not respond to me in an oriented way. For example, they can not tell me what they had for breakfast whereas people who are encountering deceased relatives can stop paying attention to the relative and focus on my questions. They also give me coherent correct answers to specific questions designed to ascertain their orientation and short term memory. In addition to occurring in situations where there has not been an acute physiological shift and in encountering deceased relatives, hospice patients rarely have a life review in their NDE. Although they spend much of the time that they are awake reviewing their lives, the NDE is markedly devoid of such experiences. In contrast, in a paper published in 1985, Greyson reported that life reviews occur in about 25% of acute setting NDEs. It seems to me that the purpose of the NDE in the hospice patient is to prepare them for death and the NDE in the acute setting is to prepare the NDEr for life. As to similarities, NDErs in both situations come back with many questions. If they are assured that their NDE is perfectly natural given their circumstances, they can often adapt to what they have learned in the NDE rather quickly.

Debbie James, a critical nurse from Texas, did her master's thesis in 1996 (unpublished) on who people first told about their NDE and how that influenced their response to the experience. Most people wanted to talk about it right away, but if they encountered a skeptical health care person, they often suppressed talking about the experience from then on. If they encountered a knowledgeable, compassionate nurse or doctor, integration of the experience was much easier. Currently, the average person takes seven years to integrate the experience. My belief is that if they encountered knowledgeable health care providers right after cardiopulmonary resuscitations, integration would be much quicker. People would probably be well on their way to integration after only a few counseling visits with someone who understands NDEs and what they require of a person in the way of changes.

Talking to compassionate, knowledgeable health care providers is also crucial in the hospice setting. In our hospice, NDEs were a part of the daily report. We found that about half of the patients on our in-patient unit either had a NDE or encountered deceased relatives while fully conscious, or both. The knowledge of the common frequency of NDEs helped all of the hospice in- patients (whether they had a NDE or not), to die more peacefully. We invariably noticed that a person became much more peaceful after a NDE.

INTEGRATION OF THE NDE

So what does integration entail? First of all, it requires that people acknowledge that we are more than the physical bodies that we have considered being machine-like in their function. There are other dimensions beyond the three dimensions that we usually confine ourselves to. Second, people who have had NDEs realize that we are here to learn how to love in the universal sense. If we are not behaving in a loving manner, we are not fulfilling our function here. That may call for some very big changes in how a person lives their lives. Next, people with NDEs usually have voracious appetites for learning. At an IANDS conference in Philadelphia in 2000, Tom Sawyer talked about barely reading any books before his NDE and reading a book every day or two after it. He is fairly typical in that respect. People also are interested in the universality of spirituality, not necessarily in particular religions. They have no fear of death, although they may still have a fear of dying in pain or with other uncontrollable symptoms. They also have minimal interest in material possessions. This often creates problems in families, especially if the NDEr before the NDE was an excellent provider who had enjoyed a job that was not particularly helpful to other people.

How are NDEs currently being accepted in the medical profession? The last twenty years has seen a burgeoning interest in NDEs in the United States, and, indeed, in the world. NDE has become a household word; NDE books are bestsellers; NDEs are commonly discussed on talk shows; and are prominently featured in movies. The medical profession has lagged behind the general public in the United States in their understanding of NDEs. Many doctors are skeptical, I believe, for two reasons. First, there is little controlled research on the topic. Second, and probably more paramount, is that understanding of the NDE requires a paradigm shift in their understanding of how a body works. According to the ideas of Dr. Larry Dossey as described in *Reinventing Medicine,* the mechanical era of medicine (Era I) was ushered in with the discovery of the germ theory and antibiotics. Medicine has made great strides with advanced techniques in surgery and with new medications, but the concept of the body as a machine can take us only so far. This led to Era II and mind-body medicine that began in the 1950's with the discovery of the placebo effect. The body does behave like a machine, but the mind influences the machine. Clearly, what a person thinks influences how their body responds. Many doctors were still having difficulty grasping the concept of mind-body medicine when Era III medicine began in the 1970's with the hospice movement, NDEs, and healing at a distance. Nonlocal influences and "eternity" medicine were now shown to influence the body as well as the mind. Many doctors have yet to

embrace this concept, although there are many studies now to support various aspects of Era III medicine. Because of the required paradigm shift, accepting NDEs as a reality is a far cry from learning about a new medication that is efficacious and it is no wonder that physicians are having difficulty enlarging their views of medicine to accept it. However, since they are basically scientists, I feel that their acceptance is inevitable. Research that is presented in peer-reviewed journals will assistance the acceptance process significantly.

RESEARCH IN NDEs

What are the types of research that have been done with NDEs? The original research primarily involved looking at NDEs in different populations. Melvin Morse (1986) studied the pediatric population that was resuscitated through Operation Airlift Northwest. He found that 1/3 of children who were resuscitated remembered a NDE. He also found that children who were very ill, but not ill enough to be resuscitated, did not have similar experiences. He found that if children received more medications during the resuscitation, they were less likely to remember the NDE than were children who had received fewer drugs. Unlike the prevailing theories at the time, drugs seemed to block the memory of the NDE, not facilitate the experience.

Osis and Haraldsson (1977) found that NDEs were common when people came close to death in India. NDEs were reported from a myriad of cultures and a variety of countries. In the Gallup Poll in 1982, 8,000,000 Americans reported NDEs. In that poll, NDEs occurred in approximately 1/3 of the people who reported cardiopulmonary resuscitations. There was no difference between the frequency of NDEs in women and men, in people who knew about NDEs and those who did not, in people who were religious, and those who were not. In short, it seemed to be a random event with the only common denominator being a cardiac arrest.

The next level of research was to look at the changes that occur in people who have NDEs. Kenneth Ring (1984) reported on an in-depth psychological questionnaire that was give to 143 people with NDEs. They reported the changes in their values that I have already discussed. PMH Atwater (1992) did similar studies in children and found them to have the same values found in adult NDErs. She also found them to be wise beyond their years. They often have problems integrating their experience if the significant adults in their lives don't take their NDEs seriously.

Other studies in the dying and grieving population have found that people frequently have ADC (after death communications) from loved ones (Guggenheim, 1995). Although that is not strictly a NDE, it is an interesting related phenomenon that is very common.

What are the questions that are currently being explored by researchers in the area of NDEs? One area that has seemed promising is the study of corroborative NDEs (a phrase coined by Harold Widdison). People with NDEs frequently report the awareness of visual, auditory, and/or touch sensations that they could not be aware of in their unconscious state and/or from the viewpoint of their body. In fact, at the July 2001 IANDS conference in Seattle, Washington, Dr. Jeff Long reported that in 100 NDEs entered on his web site (www.nderf.org), 53 of them had corroborative types of NDEs. However, these were personal reports, not the results of research that involved controls. Studies to date under controlled conditions have not produced significant results. Dr. Jan Holden (1990) designed an experiment in Illinois where there were signs on the ceiling where cardiac arrests were fairly likely, but no cardiac arrests occurred during the time of her experiment. Madeline Lawrence had similar disappointing results. When Dr. Sam Parnia (2001) initiated a yearlong study in England, he, too, had no significant outcome. This is largely due to the fact that although NDEs are common in people with cardiac arrests, cardiac arrests themselves are infrequent and nearly always unexpected. During a research panel discussion at the 2001IANDS conference, Dr. Bruce Greyson discussed the value of research in electrophysiologic labs where people with severe arrythmias are stimulated to create the arrythmias under very controlled conditions in order to determine if they need an implanted ventricular defibrillator that will function when arrythmias are present. He felt that the manufacturers of defibrillator implants would be supportive of NDE experiments because they are trying to make inroads into hospitals since these implants will be widely used in the next five years and companies would like to be a well-known name in individual hospitals. Dr. Jan Holden is currently designing another study of veridical perception (identifying objects that are not in the field of vision of the eyes of the unresponsive person) at the University of North Texas. She plans to insert colorful flashing messages in places where people might see them if they are out of their bodies during surgery.

Another interesting line of research is looking at areas of the brain that might be involved in NDEs. A graduate student at the University of Arizona, Willoughby Brittain, is currently obtaining EEGs during sleep of controls as well as people who have had NDEs in the past. She postulates that NDErs may have temporal lobe activity that differs from controls.

THEORIES ABOUT THE ORIGINS OF NDEs

What have been the theories about the origins of NDEs? The original idea about NDEs in the medical field that still prevails today is that NDEs are the result of oxygen deprivation. Oxygen deprivation alone does not create profound life-style and value changes in people who do not also undergo a NDE. Also, oxygen deprivation could in no way explain how people frequently see and hear things outside of their visual and auditory range during the time that they are having a NDE.

Others in the medical profession feel that NDEs are the result of drugs that are given to extremely ill people. However, people receiving the same amount and type of drugs do not all report NDEs. Also, these events occur during car accidents and near-drownings, long before any medications are given. As I have already described earlier in this paper, my work with hospice patients has definitely convinced me that these kinds of experiences do not have any thing to do with the hallucinations that are commonly seen in adverse reactions to medications. Also, the experiences seem independent of medication adjustments in hospice patients.

From a psychodynamic perspective, Dr. Bruce Greyson discussed several theories in a chapter in *Varieties of Anomalous Experience.* Noyes and Kletti (1977) suggested that NDEs might be a dissociative phenomenon as a response to the fear of death. Ken Ring (1992) suggested that NDEs often occur to encounter-prone individuals, people that have high absorptive capacities. Greyson (2000) suggested that NDEs have some features in common with PTSD (Post-Traumatic Stress Disorder.) The 1994 DSM IV (Diagnostic and Statistical Manual of Mental Disorders) included a category of "other conditions that may be a focus of clinical attention." Although they had considered NDEs as possibly falling into the "Spiritual or religious problem" category, they realized that while many NDErs might need counseling to adjust to their newfound values, they rarely called it a "spiritual problem." Rather, a new interest in spirituality was considered to be a blessing by most NDErs.

At a conference of the International Association of Near Death Studies in Seattle Washington in July 2001, Dr. Melvin Morse suggested that NDEs and other mystical experiences might well dwell in the deep right temporal lobe of the brain. He based his theory on several supporting findings. First, Wilder Penfield had stimulated parts of the brain in the mid-20th century. He found that when he stimulated the right temporal lobe, people tended to have mystical experiences. When a study was done with experienced meditators, they were found to have intense right temporal lobe activity per EEG when they were meditating. That meditators do frequently have mystical experiences while they are meditating is a further support of the theory. People with temporal lobe tumors do often have mystical-like experiences as well. Dr. Morse's theory is that we are "hard-wired for God." Although this is a plausible theory, it has yet to be proven with controlled studies. Perhaps Willoughby Brittain's current study will support Dr. Morse's theory.

While the above theories are of great interest to clinicians and researchers, most NDErs believe that some part of them did separate from their bodies and did have contact with the after-life. While I acknowledge that the right temporal lobe may be stimulated during the experience, I feel that the reality of the experience (described as "realer than real" by most NDErs) and the profound aftereffects of the experience create a meaning of the experience that far exceeds the explanation as to how it came to occur.

THE MEANING OF NDEs

What is my opinion after a lifetime as a NDEr and twelve years in fieldwork of talking to NDErs both in the acute and hospice settings? There is no doubt in my mind about the value of a NDE. As we become more and more successful at cardiopulmonary resuscitation, we will have more and more people in the world who have had a NDE. These people are changing our culture with their emphasis on love, knowledge, and spirituality. In the United States, there is a burgeoning interest not only in NDEs, but also in spirituality, mystical paths, and simplicity. As a NDEr, I am totally supportive of these changes in our culture.

I believe that most people have had some kind of mystical experience. That might be a NDE, a detailed portension of an upcoming event, a visit from a deceased relative, an out of body experience while lying down, or any of a myriad of mystical types of experiences. My plea is for everyone to share what they are experiencing with each other. I believe that it would change our perception of reality overnight. In the way that Galileo changed our perception from a flat world to one that was spherical and Einstein showed us that energy could be converted to matter and vice versa, I believe that NDEs and other mystical and paranormal experiences will show us that there are dimensions to our world that only our physicists are currently dreaming of. We are all experiencing these dimensions right now and all it takes to include it in our paradigm of the world is for us to share our experiences with each other!