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Life after death experiences

Mark A. Koharchick

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LIFE AFTER DEATH EXPERIENCES

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

by
Mark A. Koharchick
November 1982

Approved by:

Chairman

Date: 3/8/83
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Faculty of
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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
A Special Major

by
Mark A. Koharchick
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To my wife, Michele, and daughter, Mary, for going without so that I might have.

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And to all the people who reported near-death experiences. Without them there would be no research.
FOREWARD

An exceptional phenomenon is currently being reported by people who have been near-death or pronounced dead and revived. This phenomenon is called a near-death experience (NDE). The NDE has been brought to the public's attention by popular publications (magazines and books which have no scientific or credible background and which are sold for amusement's sake).

Recently, there have been attempts by professionals (psychologists, doctors, and clergy) to study the NDE in a "scientific manner" and report the findings to other professionals and the public. It is due to the results of these studies that the NDE has become a controversial issue.

Extensive interviews were conducted on 13 people who reported having had a NDE. Comparisons were drawn between the interviews. The similarities from subject to subject were remarkable.

A pamphlet was developed which provided a description of a NDE and a manner in which a person could respond, in a positive way, to a person who reports a NDE. A questionnaire accompanied each pamphlet. The purpose for the questionnaire was to determine the effectiveness of the pamphlet, changes in attitudes towards discussing NDEs, and changes in attitudes
towards death and dying.

The NDE is a phenomenon which could affect anyone at any time; and, the essence of this phenomenon is captured in the following quote:

A man is dying and, as he reaches the point of greatest physical distress, he hears himself pronounced dead by his doctor. He begins to hear an uncomfortable noise, a loud ringing or buzzing, and at the same time feels himself moving very rapidly through a long dark tunnel. After this, he suddenly finds himself outside his own physical body, but still in the immediate, physical environment, and he sees his own body from a distance, as though he is a spectator. He watches the resuscitation attempt from this unusual vantage point and is in a state of emotional upheaval.

After a while, he collects himself and becomes more accustomed to his odd condition. He notices that he still has a "body", but one of a very different nature and with very different powers from the physical body he left behind. Soon other things begin to happen. He glimpses the spirits of relatives and friends who have already died, and a loving warm spirit of a kind he has never encountered before - a being of light - appears before him. This being asks him a question, nonverbally, to make him evaluate his life and helps him along by showing him a panoramic, instantaneous playback of the major events in his life. At some point he finds himself approaching some sort of a barrier or border, apparently representing the limit between earthly life and the next life. Yet, he finds that he must go back to the earth, that the time for his death has not yet come. At this point he resists, for by now he is taken up with his experiences in the afterlife and does not want to return. He is overwhelmed by intense feelings of joy, love, and peace. Despite his attitude, though, he somehow reunites with his physical body and lives.

Later he tries to tell others, but somehow he has trouble doing so. In the first place, he can find no human words adequate to describe these unearthly episodes. He also finds that others scoff, so he stops telling other people.
Still, the experience affects his life profoundly, especially his views about death and its relationship to life. (Moody 1975, pp. 21-23)
INTRODUCTION

Review of the Literature.

In 1975, Moody's book, Life After Life, sold millions of copies and presented new hope to the millions involved of a possible life after death. Moody's work is a collection of accounts from people who were either pronounced dead and revived or extremely close to death. All people interviewed by Moody reported experiencing remarkably similar altered states of consciousness during their "brush with death". Moody states, "despite the wide variation in circumstances surrounding close calls with death and in the types of persons undergoing them, it remains true that there is a striking similarity among the accounts of the experiences themselves. In fact, the similarities are so great that one can easily pick out fifteen separate elements which occur again and again in the mass of narratives that I have collected" (Moody 1975, p. 21).

The similarities in different persons' reports of NDEs are: (1) Ineffability (the experience is said to be inexpressable); (2) Hearing the news (hearing the doctor affirm the death); (3) Feelings of peace and quiet (extreme feelings of pleasantness during the early stages of the experience); (4) The noise (unusual auditory sensations...
which occur at the moment of death i.e., clicking, buzzing, or roaring sounds); (5) The dark tunnel (the sensation of being pulled through a dark tunnel or void usually occur in conjunction with the noise); (6) Out-of-the-body (people finding themselves looking down at their bodies in a manner similar to that of a spectator, the feeling of floating or being light as a feather accompanies this stage); (7) Meeting others (being aware of other spiritual beings who are apparently there to help ease the transition from physical life to another form of life); (8) The Being of light (the light first appears dim, then overwhelmingly bright; it does not feel uncomfortable when the person looks at its brightness, the person feels drawn to the light, love and warmth eminate from it and it communicates with the person); (9) The review (while in the company of this light, the person experiences a review of his or her life and the light seems to stress two important facts to the person, loving others and gaining knowledge); (10) The border or limit, usually described as a body of water, a field, or a door (the person knows that if he or she crosses over this border, he or she will not be able to return to the physical form of life); (11) Coming back (few people recall returning into the physical body, but the return is prompted by responsibilities on earth, unfinished business, or a "pull" from loved
ones); (12) Telling others (usually people do not talk to others about their experiences due to previous scoffing and ineffability); (13) Effects on lives (most people become more reflective, philosophic, try to love others more and want to gain as much knowledge as possible); (14) New views on earth (nearly every person agrees that he or she must accomplish something before death, they believe there is a reason for their existence); and finally, (15) Corroboration (the accounts of persons who, after experiencing an NDE, report the procedures that took place surrounding their brush with death; these reports are then compared with the reports of the attending medical personnel and the comparisons are usually quite similar).

With the exception of the 15 similarities, Moody's collection of interviews was just that. There was no scientific study or statistical analysis of any sort. It was not until 1980 when Kenneth Ring wrote, *Life At Death*, that a scientific approach was indoctrinated into NDE research.

Ring studied Moody's 15 similarities and noticed that the same similarities were common in his investigations with those who tried to commit suicide, those who had illnesses, and those who experienced accidents. Ring termed these similarities the "core experience" and used the core experience as the main tool in his
scientific investigation (Ring 1980, p. 32).

How often does the core experience occur in relation to the NDE? Out of the 104 incidents Ring examined, 48% recounted experiences that conform in an obvious way to the core experience. Fifty two percent had little, if any, recollection of an experience. Ring constructed a Weighted Core Experience Index (WECI) which was used to weigh the intensity of the experience (See Appendix A). On scoring the WECI, a weight of 1, 2, 3, or 4, was given according to the type of component experienced. For example, a score of 1 was given to an individual who had a sense of being dead. If the person also encountered visible spirits, the score of 3 was given. Scores range from a 0, indicating the absence of a core experience, to a 29, representing the deepest type of experience.

The most frequently experienced component of the NDE was the affective component. Seventy one percent of core experiencers used the words "peaceful" or "calm" to describe their experience. Interestingly enough, no one, including persons who had attempted suicide, reported experiencing a "journey to hell" (Ring 1980, pp. 44-45).

It is important to recall that Ring's investigations were designed to compare three modes of near-death onsets. The sample consisted of 53 illness
victims, 26 accident victims, and 24 who attempted suicide. All who reported a NDE proclaimed that the experience was not a dream or hallucination. Most agreed that the thinking processes remained clear and sharp, that sensory activity seemed to be precise, olfactory and gustatory sensations were absent, and vision and hearing remained about the same. About one third of the core experiencers said they approached some sort of boundary; few felt loneliness but this loneliness left after the experience began to intensify.

Concerning returning back to the body, most people were not able to recall how they returned. From the cases presented, it appears that as soon as a decision was made to return back to the physical form of life, the person immediately became aware of the physical body, the normal physical surroundings, and became him or herself again.

Since quite a number have reported NDEs, does it matter how one dies? In other words, which mode of death - suicide, illness, or accident, will be more likely to produce a core experience? Ring's, Mean Age At Time of Incident by Sex and Condition, indicates that core experiences are greatest with the onset of illness. Accidents and suicides follow respectively (See Appendix B). Also, women who experience illness
are more likely to report a core experience than are men, and men who befall accidents or commit suicide are more likely to report a core experience than are women.

Another aspect which has been investigated is the relationship between having a core experience and demographic characteristics. Appendix C provides a representation of Ring's Demographic Comparison Between Core Experiencers and Nonexperiencers. This comparison, which includes social class, race, marital status, age at interview, and age at incident, reveals that the demographic features are quite similar for both core experiencers and nonexperiencers. For example, there were 48 core experiencers who were White as compared to 49 nonexperiencers who were White. Twenty three of the core experiencers were married and 24 of the nonexperiencers were married. The mean age at interview for core experiencers was 42.12, for nonexperiencers, 43.83.

Religious denomination (See Appendix D), is used by researchers to compare the relation between religious affiliation and core experiences. As Ring states "... we see that except for the None category (which was quite heterogenous), which is larger for the core experiencers, denominational affiliation seems unrelated to the likelihood of core experiencers" (Ring
It is also revealed that non-believers may report core experiences as well.

A final comparison between previous knowledge of NDEs and the likelihood of having a core experience is shown in Appendix E. Interestingly enough, it appears that prior knowledge does not increase the probability of a core experience but rather tends to decrease it. For example, out of the 28 people who reported prior knowledge of NDEs, only nine reported core experiences as compared to 19 who reported no experiences. From the 45 people who had no knowledge of NDEs, 20 reported core experiences and 25 reported nonexperiences.

These findings from Appendices C, D, and E, are of extreme concern. They seem to point to the fact that it matters not what the social or religious background is: the NDE may happen to anyone who is near-death. This fact, along with the consistancy of the core experience as per different types of people and onsets of death, provides a basis in favor of treating the NDE as an actual experience and not one of a hallucinatory or drug-induced type.

There exists one other component which adds even more support to the genuineness of the NDE phenomenon. The aftereffects which people experience from being close to death would naturally be thought to be in accordance with a "live for today" or "grab all the gusto you can"
attitude. Since, in Moody's (1975, p. 88) investigations and in Ring's (1980, pp. 138-187) investigations there exists a consistency of personal and value changes, a comparison table was established between Personal and Value Changes for Core Experiencers and Nonexperiencers (See Appendix F).

Would the life style of a core experiencer be different from a person who was a nonexperiencer? As Appendix F concludes, a person who has a core experience is more likely to have a positive outlook and have stronger feelings of self worth. As Moody points out, these people "return" with two resolutions: the importance of trying to cultivate love for others and the desire to seek as much knowledge as possible (Moody 1975, pp. 92-93). This is hardly the picture of the gusto-seeking live for today type person. Rather, what evolves is a person who is more spiritually aware and genuinely concerned about others. Perhaps the core experience is the greatest experience of humility that a person can ever experience.

One last comparison in these two studies dealt with attitudes toward death. Moody's investigation shows that almost every person who reported a NDE lost their fear of death. What this means is that these people are not actively seeking death, nor do they want to experience a painful lingering death. It is now,
after the NDE, that the state of death is longer forbidding (Moody 1975, p. 94). Apparently, death has lost its sting.

In Ring's investigations, additional support for the NDE proposition is found. Ring compared the degree of fear of death with those who had core experiences and those who had nonexperiences. Sixty two percent of the core experiencers had no fear of death whatever. Only 21% of the nonexperiencers would agree to the statement (Ring 1980, p. 176).

Core experiencers tend to hold more positive and definite views on death and an after existence than nonexperiencers. In studying Appendix G, one may notice this positiveness as compared to the uncertainty of the nonexperiencer. For example, the percentage of core experiencers who believe that there is something beyond death is 35% as compared to 15% of nonexperiencers. When asked about reincarnation, 24% of core experiencers agreed while only 4% of nonexperiencers agreed. Also 21% of nonexperiencers had no idea what awaits one after death as compared to 14% of core experiencers.

Moody's and Ring's investigations reveal vivid accounts of something happening to individuals near-death or after death. It would be extremely difficult, if not highly unlikely, to be able to empirically prove the validity of a NDE. Therefore, it seems the strongest
argument in favor of the NDE proposition is the similarities in the after effects as reported by those who have had NDEs. Obviously, the burden of proof, stating that NDEs were physiologically caused, lay in the medical profession.

As a skeptic, Sabom (1982) began his own investigations into reports of NDEs. The collections of his investigations were published in a work entitled, *Recollections of Death*. Sabom's investigations included interviews with 116 people who reported NDEs. These reports were from people who, while being operated on or while undergoing some sort of trauma, apparently left their body, "floated" around the room, observed their body being attended to, and returned back into their physical body.

Sabom's procedure was fairly simple. He first interviewed the person who reported the NDE. Particular attention was paid to the description the person gave of the activities he or she observed. For example, if a person suffered a heart attack, the report would consist of observing the medical staff using C.P.R., taking blood pressure, inserting needles, and so forth. A report as this, however, could be thought of as a speculative on the patient's part; but, Sabom's findings revealed something different. Patient's were recalling actions and procedures that they could not have possibly
known about unless they actually saw them occurring. The reports consisted of exact descriptions of procedures. Patients remarked on how high the body jumped while being shocked during resuscitation with electrical instruments. Patients also recalled items which had nothing to do with the resuscitation events; such as, how little hair one doctor had on back of his head, a stop-watch on a clip board which was held by a nurse, and observing a doctor hand a pair of scissors to a nurse in order to pry open a defective lock on a door (Sabom 1982, pp. 96-97).

Sabom's next step was to interview the medical staff who were on duty during each patient's trauma and compare the medical staff's reports to that of the patient's. Sabom discovered that in each case the similarities in what the patient reported observing and what actually occurred were striking. Appendix H contains a list of the patient's descriptions as compared to the surgeon's descriptions of the operation. One description in particular, on the patient's part, is where he describes the heart: "one general area to the right or left was darker than the rest instead of all being the same color." The surgeon's description is as follows. "The ventricular aneurysm was dissected free. The aneurysm was seen to be very large." Another interesting description is that of the "closing
procedures" as seen by the patient. "They took some stitches inside me first before they did the outside."
As recorded by the surgeon, "The wound was closed in layers... The pectoral fascia was reapproximated with interrupted sutures of 2-0 tevdek... subcutaneous tissues was closed with a running suture of 3-0 chromic... the skin was closed with 4-0 nylon." Although the patient's descriptions are not exactly the same as the surgeon's (vernacular wise), the descriptions are accurate within the general context of open-heart surgery (Sabom 1982, p. 69).

Sabom's chapter on possible explanations for the nature of the NDE other than a life-after-death experience is of particular interest. There are four explanations which seem to be the most popular among the medical community at large. These "answers" are: dreams, drug-induced delusions or hallucinations, endorphin release, and temporal lobe seizures.

It seems that every person that was interviewed in all three investigations, felt that the NDE was not a dream (Sabom 1982, p. 165. Ring 1980, p. 210. Moody 1975, p. 84). For example, one of Sabom's patients stated, "I thought; gee, what a terrible dream that was! But isn't a dream. It was too real and it happened" (Sabom 1982, p. 165). Also, ". . . the unreality of a dream usually provides for the continuance of sleep
despite potentially disrupting perceptions. The NDE, however, is perceived as stark reality both during the experience and later in reflection. In addition, the extreme variability of dream content from person to person and night to night contrasts with the consistancy of events in the NDE. It is thus unlikely that the NDE can be explained as being a dream" (Sabom 1982, p. 166).

It is thought that drug-induced states might possibly allow a person to have an experience which might be confused with a NDE. However, medical studies have shown that drug-induced states are highly variable and idiosyncratic (Sabom 1982, p. 168). When a person is "coming-out-of" a drug-induced state, the immediate surroundings are distorted and greatly misperceived. On the other hand, a major characteristic of the NDE is the clarity of thought and "visual" perception (Sabom 1982, p. 166).

Endorphin release is a newly discovered "pain-killer" manufactured by the brain. This release may occur during times of overwhelming trauma. It has been thought that, since during NDEs the person feels no pain, the person could actually be experiencing a release of endorphin. An experiment was conducted where 14 patients, with unbearable pain from cancer, were given injections of B-endorphin. Within five minutes the pain was absent and relief lasted from 22 to 73 hours (Sabom 1982, p. 171).
This in itself differs with the NDE where pain returns as soon as the experience is over. Also, in the majority of patients injected with B-endorphin, somnolence and sleep were reported to be the major effects of the substance. This is not in accordance with the state of "hyperalertness" as described during the NDE (Sabom 1982, p. 172).

Lastly, the 14 patients injected with B-endorphin were able to perceive light touch and venipuncture during the stage of relief. In a NDE, there is total absence of pain and discomfort. Therefore, based on the present knowledge of B-endorphin, it appears unlikely that this substance can account for the NDE (Sabom 1982, p. 172).

Temporal lobe seizures are the final explanation to be investigated at present. Penfield (1955) used neurosurgical techniques to explore the elements of psychical seizures by electrically stimulating different regions of the brain. During the "explorations", Penfield's patients reported the following: (1) sensory illusions, distortion of size or location of near by objects, distortion of intensity of sounds, and feelings of detachment from self and environment; (2) feelings of fear, sadness, without joy, or positive emotional states; (3) visual and auditory hallucinations and replays of a previous experience.

When comparing the patients' reports to a NDE,
the discrepancies become apparent. Perception of
the immediate environment is undisturbed, calm, peace,
and positive emotions are present during the NDE. Also,
the reliving of a previous experience does not occur
during the NDE, but rather multiple significant ex-
periences in rapid succession account for the "life
review" (Sabom 1982, p. 174). It therefore appears that
the temporal lobe seizure explanation does not concur
with the NDE.

Does there exist an explanation of what the NDE
really is? It appears not. Everytime a possible ex-
planation is presented, a case is found that disputes
it. For example, brain hypoxia was thought to be the
nature of the NDE. Lack of blood flowing into the brain
produces unconsciousness and, between three to five
minutes, brain damage. It was thought that during this
time hallucinations were caused by the lack of oxygen
and thus would constitute the nature of the NDE. However,
Sabom found one patient who, while having his blood oxygen
level and carbon dioxide level monitored during an opera-
tion, had an NDE. The patient reported observing a doctor
insert a needle into his groin (the patient's) to obtain
blood for a blood gas analysis. The results indicated
that the oxygen level was above normal. "This is frequently
the case when high levels of oxygen are administered to
a patient during cardiopulmonary resuscitation" (Sabom
1982, p. 178). The fact that the patient actually "saw" this blood gas test indicates that hypoxia or carbon dioxide levels cannot explain the NDE.

If the answer to the question, "What is a NDE?" is ever to be found, enormous amounts of time and effort are going to be placed in the hands of the researcher. Present biased views from both the medical community and the clergy will have to be put aside and attention must be focused on the consistency of the reports from the people who report NDEs.

It is due to these "biased views" that the NDE has remained "in the closet" and treated as taboo. Although intensive research has been conducted by Moody, Ring, Sabom, and others this research has always been "after the fact". People need to be educated about NDEs. Clearly written and easy to understand pamphlets need to be distributed among the populus to inform them about NDEs and how to respond to one.

The purpose of this study is two fold: first, to locate and interview as many NDErs as possible; second, to write and distribute a pamphlet on NDEs to certain groups of people and evaluate and compare their responses on NDEs and the usefulness of the pamphlet.
METHODOLOGY

Subjects

The subjects were acquired from ads placed in local newspapers. From the 20 respondents to the ad, only 13 were deemed to have had actual NDEs. The other seven presented a combination of second-hand reports concerning relatives or friends who had spoken of such experiences, and some who confused a NDE with being "scared to death" or thinking that they were going to die.

The subjects were comprised of six men and seven women having a mean age of 53.3 at the time of the interview, and, at the time of the NDE, a mean age of 43.7. Education varied among the subject with two having college degrees, four having some college, six having only high school experience (not all graduated), and one had no education above the eighth grade. Religious affiliations also varied with five Catholics, six Protestants, and three choosing the "none" category. (This category, in this case, refers to those who are not agnostic but who claim no institutionalized affiliation.)

Out of the 13 subjects, seven were married, one was single, three were divorced, and two were widowed. Twelve were white, one was Black. Ten of the NDEs were
caused by illnesses, three by accidents, and all of the subjects were of normal delivery at the time of birth. (The question of "type of delivery, normal or Caesarean", was placed in the questionnaire in order to establish whether NDEs are related to the birth process (Sagan 1974, pp. 301-314.)

**Instruments**

Two instruments were used during the interview, a NDE questionnaire (Appendix I) and Ring's WECI (Appendix A). The NDE questionnaire was divided into three parts. The first part dealt with social status. Information from part 1 is provided in the previous section under "Subjects". The second part of the questionnaire contained 21 questions on possible experiences a person might have during a NDE. Subjects were asked to check the statement which applied to their experience. Finally, part three was a combination of 11 questions concerning changes that occur in people who have reported NDEs. Again each subject was asked to check the response which applied to him or herself. A tabulation of scores is provided in Table 1.

Instrument two, Ring's WECI, was used as a measurement device for intensity of the experience. Of the 13 subjects, eight were classified as having had a deep experience (mean score of 13.75); four reported a moderate experience (mean score of 8); and, one was a
nonexperiencer (mean score of 4). A tabulation of scores is illustrated in Table 2.
Table 1
Results of Near-Death Experience Questionnaire

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*a = degree; c = college; HS = high school; N = none

*b = professional; R = retired; HW = housewife; S = student

*c = Catholic; P = Protestant; N = none

*d = married; S = single; D = divorced; W = widowed

*e = White; B = Black

*f = accident; I = illness
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Procedure

Each subject was asked to complete the NDE questionnaire before describing the NDE to the interviewer. After completing the questionnaire, subjects were asked if they would object to the interview being recorded on audio tape by the interviewer. None of the subjects objected. Next, each subject was asked to recall his or her own experience in three parts: first, what caused the incident to occur (illness, accident, etc.); second, to describe the actual NDE in detail; and, third, what changes have occurred in the subject's life, psychologically, philosophically, and religiously, since the NDE.

After the interview, each subject was scored by the interviewer on Ring's WECI. Every subject was very helpful in wanting to convey his or her experiences to others. Also, every subject was extremely grateful to be able to talk to a person who would actually listen to the experience and not be judgmental.

Development of Pamphlet

A pamphlet was developed in order to obtain information on people's attitudes towards NDEs. The pamphlet consisted of three segments: 1) Common Views on Life and Death, in which the biological and spiritual views on life and death were stated; 2) The Near-Death Experience, where a description of an NDE is given; and 3) Responding to Reports of Near-Death Experiences, which
deals with those who hear reports of NDEs and how they could respond, in a positive way, to the person reporting the experience. A suggested reading list was also provided at the end of the third segment (See Appendix K).

The intentions of the pamphlet were: 1) to help people who may find themselves in a situation where a NDE might occur; 2) to inform the families and friends of a person who reports a NDE that this phenomenon is becoming a "normal" occurrence, and to listen to the person's reported experience and try to find a significant meaning from it; 3) to doctors, nurses, and clergy who may have first-hand contact with people who report NDEs, to treat the report as a genuine experience and not as an experience from a hallucinatory or drug-induced state.

**Evaluation of the Pamphlet**

A questionnaire accompanied each pamphlet and all who read a pamphlet were asked to complete the questionnaire. The only personal information asked on the questionnaire were occupation, religious affiliation, and age.

The questionnaire consisted of seven statements. Five of these statements were to be answered by choosing one of the following responses; strongly disagree, moderately disagree, slightly disagree, slightly agree, moderately agree, and strongly agree. The remaining two were answered by a yes or no. At the end of each res-
ponse, space was provided for additional comments on the statement in question. An eighth statement was also provided giving the respondent a chance to add additional questions or comments (See Appendix L).

The function of this questionnaire was to determine the effectiveness of the pamphlet, measure any changes in attitudes towards death and dying from reading the pamphlet, and if the pamphlet was of any help in allowing the respondent to become more relaxed or more comfortable in discussing NDEs.

Three groups were targeted for the pamphlets: 1) medical personnel, 2) clergy, and 3) a Sociology class at California State College, San Bernardino. Each group received 20 pamphlets and questionnaires. The results of this test are presented in the following chapter.
RESULTS

Interviews

The results of the interviews conducted on 13 people who have had NDEs are quite similar to those of other investigations. For example, most people stated that the experience was hard to put into words. Most were also aware of the fact that they were either dying or dead. Nine of the 13 felt that they were separated from their physical body, and eight clearly saw their physical body.

Eight had the feeling that they were moving. Seven found themselves confronted with some sort of a boundary, either water, a field, or a fence. These people also knew that if they were to cross over this boundary, they would not be able to return to the physical life. Nine people experienced a bright glow and four encountered other beings. These beings were: Christ (seen as He is commonly thought to look), families, and friends. People who saw their family and friends remarked on how well they appeared, very healthy and very happy. Most people became tearful upon recalling the encounter with family and friends.

The most striking results were in part three of the questionnaire. Twelve people stated that they be-
lieved in a Heaven and a Hell before their experience. When asked if, since their experience, do they believe in a Heaven and a Hell, nine stated that they know there is a Heaven and three said they know there is a Hell. Most who said there is a Hell felt that Hell is right here on this physical level of life. The common view of fire and devilish characters were not included in the description of Hell. It seems that this Hell is also a place where those who have formed some sort of a strong habit, where the habit controls the person, might find themselves. For example, a person who lusts for money, might find him or herself in this void where money is present but the person cannot have any interaction with it. In a sense, a person must work his or her way through the physical manifestations of this world in order to be able to proceed to a higher realm.

Other findings include the changes in attitudes towards death and dying. Nine people said their attitude has changed since their experience. They now no longer fear death. Eight people also stated that their philosophy of life has changed since their experience. They believe that there is a purpose to this world and a reason for their existence. Most feel that this physical level of life is some sort of a "training camp" where we are suppose to prepare ourselves for a life of a higher level.
There is one last result which seems to coincide with other investigations. When asked if they have become more religious since their experience, three people said they had. When asked if they have become more spiritual since their experience, nine people state they have. The spiritual growth of a person seems to be very important. One may be as religious as one can be, and be very stagnant spiritually. Most people felt that religion had become too institutionalized and too commercial. These two factors seemed to become a block for spiritual growth; therefore, some of the people stated that they no longer attend a regular church service.

NDEs have been known to bring about drastic changes in experiencers' personality. These changes are positive in nature and seem to direct the person towards a life which is more meaningful than the life they were previously living. One example in particular is of a man I interviewed. This person, before his NDE, was in a state hospital for a number of years for depression. (He also advised me that he was under medications.) After being released from the hospital he visited his relatives. One day, while doing some work at his relative's house, he suffered a heart-attack. It was during this time that he had a NDE. The experience was described as being hurled through space and darkness; flying by planets, and eventually coming to rest at a building. The building was
described as a Grecian style domicile with the usual columns and marble benches. The experiencer knew that if he went into this building, he would not be able to come back to earth and life as he knew it. At that instance he was back in his body experiencing CPR by doctors at a hospital.

The remarkable outcome of this experience is after a period of recuperation, this person was no longer depressed and was taken off all medication for the illness. He has since moved to California, has invented and patented over 50 items, and is currently opening up a chain of fast-food restaurants using his own concepts of management and operations.

Clearly this is an unusual case where a person who was once diagnosed as depressed is now outgoing and productive. The experiencer attributes all his "success" to his NDE. He says he is no longer afraid of death or anything in this life. He also feels that these concepts he has for fast-foods were given to him in order to benefit mankind. He believes that this is the only possible answer since before the experience he had no knowledge whatsoever of fast-foods.

This example is out of the ordinary only because of the person's previous history of illness. Most other experiencers have similar "after effects" which enable them to live a more positive and productive life.
Questionnaire

By the responses on the questionnaire, it appears that the pamphlet, "How Should I React to a Near-Death Experience" was well received. A tabulation of all the response is located in Table 3. Since there were only seven questions, a short overview of each question, and responses, will be presented next.

Question one, asking for previous knowledge of NDEs, a total of 93% of the subjects responded that they had. This knowledge stemmed from first-hand experience, in operating rooms, family members, personal experience, or magazines and books.

Question two received a varied response. 50% of the subjects strongly agreed that before reading the pamphlet they felt comfortable discussing NDEs; 20 subjects (33%) moderately agreed, nine (15%) slightly agreed, one slightly disagreed, one moderately disagreed, and one strongly disagreed. In comparison with question three, it appears that the pamphlet was of some help. Forty subjects (66.6%) strongly agreed that after reading the pamphlet they would feel more comfortable in discussing NDEs, 15 (25%) moderately agreed, four (6.6%) slightly agreed, and one slightly disagreed.

Concerning the readability and comprehension of the pamphlet, question four, forty subjects (66.6%) strongly agreed that the pamphlet was easy to read and
understand, 19 (31.6%) moderately agreed, and one slightly agreed. In response to whether the pamphlet would be helpful to the terminally ill, question five, 21 subjects (35%) strongly agreed that it would be helpful, 24 (40%) moderately agreed, 12 (20%) slightly agreed and three slightly disagreed.

Question six, asking if the pamphlet had changed any attitudes towards death and dying, received the most varied response of all. Part of this was due to the fact that the question was misunderstood and probably should have been written to read, "the pamphlet has reinforced my attitudes towards death and dying." Twenty one subjects (35%) strongly disagreed with the statement as stated. Most of these subjects already had views of death and dying that were in accordance with the view presented by the pamphlet. Therefore, the pamphlet would not have changed their attitude. Five subjects (3.3%) moderately disagreed with the statement, four slightly disagreed, 15 (25%) slightly agreed, 11 (18.3%) moderately agreed, and four strongly agreed.

As for question seven, wanting to gain more knowledge of NDEs, 41 subjects (68.3%) stated they would like to learn more about NDEs, 19 (31.6%) stated they would not. It is interesting to note that the greatest number of subjects not wanting to learn more about NDEs came from the religious group. It seems that all through
the questionnaire, the religious group presented a more negative response than any other group. Perhaps the NDE is looked upon as some sort of a threat to the religious community, much in the way medical personnel find NDEs to threaten their view of human life.

Overall, most subjects were very cooperative towards completing the questionnaire, and the pamphlet appears to have been received well by all groups.

It is interesting to compare the responses given when certain groups added their own comments. Medical doctors had very little written under "comments", this was probably due to the amount of time they were able to spend on the questionnaire. The following are a few of the comments given by doctors: question five, asking if the pamphlet would be helpful to the terminally ill patient, "I think it is good in the hands of the professionals and family but not meaningful for the patient." "To some extent it may help them" and, "I don't think a lot of patients would want to read it."

This same question, answered by medical personnel other than doctors, received the following types of responses: "This pamphlet might help people in this situation and help them talk about the experience freely." "I think this kind of information would be comforting to a dying person"; and, "I think this pamphlet would also be helpful and a comfort to the families of the
dying."

The religious group supplied very little information on the "comments" portion. The student group supplied some comments which were supportive of question five. Some of these comments were: "Everyone should be aware of this information. It may help the dying person to less likely fear death"; "I agree in the sense that for some it may be beneficial, however, some people may view it as a very traumatic preview"; "Yes, because if terminally ill patients had a chance to read this (pamphlet) I don't think they would be as scared about death and be able to have some inner peace with themselves"; and, "Maybe the person would understand what is happening since the doctors are not much help in this area."

Question eight, asking for additional comments, received a variety of responses, mostly from nurses: "I am glad more interest is being shown in this area"; "Telling or suggesting how someone would react to a NDE is like being in combat, you don't know how you will react until you are there." A doctor added, "More information should be made available to the public and professionals." A final comment, which in a sense sums up the spirit of the pamphlet was, "We should remain open-minded."
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*These figures represent the responses given by the 20 subjects in each of the three groups pertaining to the seven questions from the pamphlet questionnaire.*
CONCLUSION

The intensive research of Moody, Ring, Sabom, and others, has led to the understanding that NDEs are a phenomenon which cannot be explained by type of disease, drugs, personal "make-up", type of death, or bodily hormones. The research has been replicated time after time with the same results occurring. It seems that it is now time to disseminate the information and begin educating professionals, clergy, and the general public about NDEs. Pamphlets, such as mine, are needed to inform people of the possibility of an NDE occurring and how to respond to reports of NDEs. My pamphlet was received very well by all three groups tested. Therefore, this should be an indication of the need for such an educational tool.

I have learned a great deal about NDEs from my research, and the one most definite fact that I can draw is that most NDEs are a positive experience. The person who has a NDE seems to become a deeper person. It is as though a veil of uncertainty has been lifted off his or her head exposing a child-like zeal for life. The unbearable pressures which used to torment their life are now no longer important. Rather, simple things, which at one time were taken for granted, now appear to be the
"heart-strings" of life.

I have neither met nor read about people who, after experiencing NDEs, become fragmented or demented. In fact, most have a clearer understanding of themselves, their purpose in life, and the art of living than they have ever had before. It is with this in mind that I question the calloused attitudes of some doctors or clergy when, on hearing of a NDE, routinely dismiss it as hallucinatory, results of anesthesia, or even "works of the devil". It seems that the psychological well-being of the person is at stake here. I can only imagine the hurt, torment, and disgust that a person feels when he or she is not able to relate to another person the experience that occurred. It could only be comparable to possessing the cure for cancer and not being able to get one person to listen because the cure is so simple that most would think it impossible.

As for the NDE being an actual experience of life after death, I can only comment by saying that I believe that these people are having a genuine experience. And if this experience is of a life after death, then that is what it is.

There are two elements of the NDE which hold more conviction for me than any other. First of all is the positive attitude which I spoke of earlier. Secondly, and more important of the two, is the uncanny consistency of the similarities in experiences as compared
to the different types of people and onsets of death. It seems that there are virtually no variables which can change the basic NDE. If something is tested and retested under a variety of circumstances and the same result occurs, what other conclusion can be drawn other than the result being a truth?

There remain some interesting questions which as of yet have not been answered. For example, why is it that some people have NDEs and others do not? Could it be that everyone, who is close to death, does have a NDE and only few remember it? Or is the NDE some sort of a "mistake" made by the natural order of life? It seems that this explanation presents itself with a little weight since many of those reporting NDEs state that during the experience it was made known to the experiencer that, "You must go back. It is not your time."

On the other hand, it would be profitable to have concrete evidence of the exact type of personality change that a person develops after a NDE. One way of creating this data would be having all people, who are about to undergo major surgery, complete a personality questionnaire. Then, after the surgery and a recuperation period, the person should complete the same questionnaire again. In this manner, if there are changes in personality due to NDEs or due to being near death or even due to the trauma of the surgery itself, it will be
revealed by comparing the pre and post-surgery personality questionnaire.

One final thought deals with the name of the phenomenon. If this experience is referred to as a life-after-death experience, it seems that a decision has been made that there does exist a life after death. Therefore, the term NDE was coined as the official term for the phenomenon. This term means that something happens when one is close to death, but, the term has no connotations of a life after death. However, not all who are near-death have a NDE - at least not that they remember or are willing to report. Therefore, I believe a new term for describing the phenomenon is in order. This term must be a term which can be accepted by medical and religious circles as well as the public in general. It should also cover two other perspectives: First, it should not imply a life after death and, second, it should describe the state of the individual during the experience. In this light, the term NDE is inadequate since being near death describes a physically threatening moment. Therefore, I suggest the term, Parathanatonic, as a new way to describe the state of a person who has this experience. This word is taken from two Greek words, para meaning against or in spite of; and thanatos meaning death. In this way, a person who is parathanatonic or has reported a parathanatonic episode, is a person who
is still experiencing inspite of being dead. I believe this term is well suited to replace the term NDE especially with the thought that many people have actual near-death experiences without an accompanying parathanatonic episode.

With all this information in mind, the question, "Why do parathanatonic episodes exist?" remain a foremost thought. Research is presently being conducted to answer this question. Whatever the explanation or reason, a parathanatonic episode should be treated as a positive experience by all who encounter it.
Appendix A

COMPONENTS AND WEIGHTS FOR THE CORE EXPERIENCE INDEX*

<table>
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<th>Component</th>
<th>Weight</th>
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<tbody>
<tr>
<td>Subjective sense of being dead</td>
<td>1</td>
</tr>
<tr>
<td>Feeling of peace, painlessness, pleasantness, etc. (core affective cluster)</td>
<td>2*</td>
</tr>
<tr>
<td>Sense of bodily separation</td>
<td>2*</td>
</tr>
<tr>
<td>Sense of entering a dark region</td>
<td>2*</td>
</tr>
<tr>
<td>Encountering a presence/hearing a voice</td>
<td>3</td>
</tr>
<tr>
<td>Taking stock of one's life</td>
<td>3</td>
</tr>
<tr>
<td>Seeing, or being enveloped in, light</td>
<td>2</td>
</tr>
<tr>
<td>Seeing beautiful colors</td>
<td>1</td>
</tr>
<tr>
<td>Entering into the light</td>
<td>4</td>
</tr>
<tr>
<td>Encountering visible &quot;spirits&quot;</td>
<td>3</td>
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</tbody>
</table>

*Individuals could be assigned a score or either 1 or 2 on these components, if present. The rules of scoring were as follows: (1) for the affective cluster, assign 2 if the feelings were very strong, otherwise, 1; (2) for the sense of bodily separation, assign 2 if a clear out-of-body experience was described, otherwise 1; (3) for entering into a dark region, assign 2 if perception was accompanied by a sense of movement, otherwise 1. A given score would then be multiplied by the appropriate weight for the component, resulting in a weighted score or either 2 or 4 for that component. All nonasterisked components were scored either present (1) or absent (0).

*Ring, *Life At Death*, p. 32.
Appendix B

MEAN AGE AT TIME OF INCIDENT BY SEX AND CONDITION*

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<th>Accident</th>
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<td>52.14 (29)</td>
<td>38.20 (10)</td>
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<td>Males</td>
<td>54.21 (23)</td>
<td>28.06 (16)</td>
<td>29.00 (6)</td>
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<th>Accident</th>
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<td></td>
<td>53.06 (52)</td>
<td>31.96 (26)</td>
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*Ring, *Life At Death*, p. 105.*
Appendix C

A DEMOGRAPHIC COMPARISON BETWEEN CORE EXPERIENCERS AND NONEXPERIENCERS*

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<th>Social Class Index</th>
<th>Core Experiencers</th>
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<td>White</td>
<td>48 98</td>
<td>49 92</td>
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<td>Black</td>
<td>1 2</td>
<td>4 8</td>
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<td>Married</td>
<td>23 47</td>
<td>24 45</td>
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<td>Single</td>
<td>16 33</td>
<td>16 31</td>
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<tr>
<td>Separated/Divorced</td>
<td>7 14</td>
<td>9 16</td>
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<td>Widowed</td>
<td>3 6</td>
<td>4 8</td>
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<td>41.28</td>
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*Ring, Life At Death, p. 131.
Appendix D

RELGIOUS DENOMINATION DATA FOR CORE EXPERIENCERS AND NONEXPERIENCERS*

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<td>%</td>
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<td>Other(^a)</td>
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<td>2</td>
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\(^a\)These two categories include at least four Jews.

*Ring, *Life At Death*, p. 132.
Appendix E

KNOWLEDGE OF NEAR-DEATH EXPERIENCES*

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<td>Some prior knowledge</td>
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<td>19</td>
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<td>Subsequent knowledge only</td>
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<td></td>
<td>47</td>
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Appendix F

PERSONAL AND VALUE CHANGES FOR CORE EXPERIENCERS AND NONEXPERIENCERS*

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<tr>
<td>Increased appreciation of Life</td>
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<tr>
<td>Live life to full extent</td>
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<td>6</td>
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<tr>
<td>More afraid of life</td>
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<td>4</td>
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<tr>
<td>Renewed sense of purpose</td>
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<tr>
<td>Sense of rebirth</td>
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<td>4</td>
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<td>Stronger person</td>
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<td>20</td>
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<tr>
<td>More curious</td>
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<td>More depressed</td>
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<td>More death-oriented</td>
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<td>More loving, caring</td>
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<td>More compassionate</td>
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<td>More tolerant</td>
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<td>More patient, understanding</td>
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<td>Want to help others</td>
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<td>Miscellaneous</td>
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<sup>a</sup>Percentages for nonexperiencers exclude "not ascertained" respondents.

*Ring, *Life At Death*, p. 139.
Appendix G

CONCEPTIONS OF DEATH ACCORDING TO CORE EXPERIENCE STATUS*

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<td>Something beyond</td>
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<td>Transition, new beginning</td>
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<tr>
<td>Peace, beauty, bliss</td>
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<td>37</td>
</tr>
<tr>
<td>Heaven/Hell</td>
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<td>2</td>
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<td>Reincarnation notions</td>
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<tr>
<td>Other</td>
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<td>No idea</td>
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<td>14</td>
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<tr>
<td>Not ascertained</td>
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</tbody>
</table>

^Percentages total more than 100 because many respondents gave more than one answer.

*Ring, Life At Death, p. 182.
Appendix H

Patient's Description
1. "my head was covered and
the rest of my body draped with
more than one sheet, separate
sheets laid in layers."
2. "I could draw you a picture
of the saw they used."
3. "The thing they used to
separate the ribs with. It was
always there...It was draped
all around but you could see
the metal part of it...That
thing they held my chest open with,
that's real good steel with no rust,
I mean no discoloration. Real
good, hard shiny metal."
4. "One general area to the right
or left was darker than the rest
instead of all being the same
color."
5. "He cut pieces of my heart
off. He raised it and twisted
it this way and that way and
took quite a bit of time

Surgeon's Description
1. "...draped in the
customary sterile
fashion."
2. "The sternum was sawed
open in the midline."
3. "A self-retaining
retractor was utilized
over wound towles."
4. "The ventricular
aneurysm was dissected
free...The aneurysm was
seen to be very large."
5. "An incision was made
over the most prominent
portion of the aneurysm
after the heart had been
Appendix H cont.

examining it and looking at different things."

6. "...injected something into my heart. That's scarey when you see that thing go right into your heart."
7. "They took some stitches inside me first before they did the outside."

6. "Air was evacuated from the left ventricle with a needle and syringe."
7. "The wound was closed in layers... The pectoral fascia was reapproximated with interrupted sutures of 2-0 tevdek... subcutaneous tissue was closed with a running suture of 3-0 chromic... the skin was closed with 4-0 nylon."

Sabom, Recollections of Death, p. 68.
Appendix I

NEAR-DEATH EXPERIENCE QUESTIONNAIRE

Part 1

After completing the following questions, please continue with parts 2 and 3.

Sex ______
Age ______
Education __________________
Occupation __________________
Religion __________________
Marital Status _____________
Race or Nationality ___________
Age when incident occurred ______

What brought your accident about; illness, accident, etc. __________________

Were you a normally delivered baby or a Caesarean delivery. __________________
In the literature on near-death experiences, certain phenomena or events are reported by people who have been pronounced dead and revived, and also by those who have been very close to death. Please place an "X" next to the statements which apply to you and your near-death experiences.

1. ___ This experience is hard to put into words.
2. ___ I was aware that I was dying or dead.
3. ___ I noticed a connection between my physical body and my "new" body.
4. ___ I felt that I was separated from my physical body.
5. ___ I clearly saw my physical body.
6. ___ I could do things in my "new" body that I could not do in my physical body.
7. ___ I can describe my "other" body.
8. ___ I found myself in a state of blackness.
9. ___ I experienced loneliness.
10. ___ I had the feeling that I was moving.
11. ___ I heard things.
12. ___ I had the experience of approaching a boundary.
13. ___ I encountered other beings.
14. ___ I experienced a light or bright glow.
15. ___ I can definitely name the beings that I saw.
16. ___ I experienced a review of my life.
17. ___ I felt that I was given complete knowledge of everything.
18. ___ During the experience I had certain sensations.
19. ___ It was my decision to return to my body.
20. ___ I feel that I have been spared from death for a reason.
21. I can remember certain revelations that were made known to me.
Part 3

The following statements are mainly concerned with changes that some people have reported having after a near-death experience. Please place an "X" next to the statement which apply to you.

1. ___ I believe in Heaven and Hell before my experience.
2. ___ I knew about near-death experiences before I had mine.
3. ___ Since my experience, I have become more religious.
4. ___ Since my experience, I have become more spiritual.
5. ___ Since my experience, I believe in reincarnation.
6. ___ My attitudes towards death and dying have changed since my experience.
7. ___ My philosophy of life has changed since my experience.
8. ___ I know that there is a Heaven.
9. ___ I know that there is a Hell.
10. ___ I know that there is a definite purpose to this world.
11. ___ I now seem to know about things shortly before they happen; (i.e., picking up the phone before it rings.)
### Appendix J

**RESULTS OF NEAR-DEATH EXPERIENCE QUESTIONNAIRE**

**Part 2**

<table>
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**Note:** Each 'X' represents an indication or response to a particular question or subject in the questionnaire.
Appendix J cont.

Part 3

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Appendix K

HOW SHOULD I REACT TO A NEAR-DEATH EXPERIENCE?
The information presented in this pamphlet is designed to help those people and their families who may be facing life-threatening situations. It will also prove profitable for professionals who deal with life and death circumstances. Hopefully, this pamphlet will provide necessary information for concerned people to relate in a helpful and accepting manner to people who report near-death experiences.

Be assured that this pamphlet is not attempting to express any particular religious viewpoint, though its subject is basic to many religious perspectives.
INTRODUCTION

A great deal of attention is currently being focused on a phenomenon which has been termed the near-death experience (NDE). Since an increasing number of people are reporting NDEs, this pamphlet has been developed to help specific kinds of people (health care providers and family members) who are likely to encounter reports of NDEs.

The goals of this pamphlet are as follows:

(1) To prepare people who may find themselves in a situation where a NDE might occur, such as illness, operations, or other life-threatening circumstances.

(2) To inform the families of a person who reports a NDE that the person has not lost touch with reality. What the person reports experiencing has been experienced by many people and is becoming a "normal" occurrence.

(3) To alert individuals such as doctors, nurses and clergy, who may have first-hand contact with people who report NDEs, to the importance of treating the report as a genuine experience and not as an experience from a hallucinatory or drug-induced state.
COMMON VIEWS ON LIFE AND DEATH

There are basically two views on life and death, the biological view and the spiritual view. The biological view holds that life in all aspects (psychological as well as physical) ends with the onset of bodily death. In other words, when the body's organs have ceased to function, all processes such as consciousness, thought and feeling also cease. There exists nothing else.

The biological view is generally endorsed by the medical community, which endeavors to spare people at all costs from the enemy, death. Death is therefore treated as the ultimate end of all human functioning. It seems that this attitude is held by most doctors and other professionals in the bio-medical fields. It is not surprising then that, when doctors hear about NDEs, they often dismiss them as side effects of drugs, hallucinations, or over-active imaginations.

Hallucinations are clearly different in nature and form from NDEs and there are a number of people who report NDEs who had not been given any medications.

According to the spiritual view, as generally accepted, the spirit is distinguishable from the body and may continue to exist even after the body has ceased to
function physically. The person does not cease to exist as a result of bodily death, but rather continues on in an existence free from the limitations of his or her physical body.

Adherents of the spiritual view tend to be receptive to the evidence concerning NDEs and believe them to be legitimate. Persons holding this viewpoint see the spirit of man as important and see NDEs as consistent with their view that the spirit is "released" when the physical body is experiencing the termination of its ability to function.
THE NEAR-DEATH EXPERIENCE

One of the following is a report of a NDE, the other is not.

1) I remember looking up and seeing bright lights. Things were not very clear, kind of fuzzy, but the lights were very bright and directly on top of me. The next thing I knew everything went dark, like I must have passed out or something. Then I could feel myself moving. I saw some people, two or three, looking down at me. They were dressed completely in white and it looked as if they had long white hair and white beards. I still could not see very clearly.

2) The first thing I remember was looking down at the doctors operating on a body. I could see everything clearly. When I looked closer I noticed that the body was mine! I could not believe it. Here I am, I feel great, as a matter of fact, I have never felt this good in my entire life; but, I am laying on the operating table with the doctors frantically putting the shock paddles on my chest. I tried to tell them not to bother, to just let me be, I am fine, but they do not pay any attention. All of a sudden I left the room and entered a place that was darker than any I have every been in. I felt such tremendous feelings of peace and love. I did not want to leave. Then I remember being back in the operating room. I had a terrible pain in my chest. I saw the doctors and nurses looking at me.

(The NDE is the second example. The first is a patient slipping in and out of consciousness from the anesthesia.)
The NDE is a phenomenon which has occurred throughout history. However, it has only been recently, with new interest brought about by individuals who freely discuss this experience, that more and more people are reporting NDEs. It is becoming a common occurrence for a patient to inform his or her doctor of every detail that happened during the patient's operation and of other phenomena experienced.

Next is a partial list of experiences which typically occur during a NDE. It should be noted that people may experience a few of the following, all of the following, or even other types of experiences.

- Seeing one's own body.
- Being in a state of blackness.
- Going through a dark tunnel.
- Experiencing a brilliant light.
- Encountering deceased loved ones.
- Being in a beautiful pastoral scene.
- Hearing exquisite music.
- Experiencing a review of one's life.
- Most importantly, almost every experiencer reports overwhelming sensations of peace and love.

People who report NDEs often return with changes in their attitudes towards life and death. For example, nearly all lose their fear of death. They say that dying is not as painful as we have always thought it to be but
is rather pleasant. They also become more outgoing. They realize that helping people and loving people are extremely important. For the most part, they try to live a fuller life than previously. They are less judgmental and more open-minded.

How do we treat these people? What do they want and need from us? And, what reactions are appropriate for friends and relatives and which for professionals. These questions are examined in the concluding section of this pamphlet.
RESPONDING TO REPORTS OF NEAR-DEATH EXPERIENCES

When dealing with a person who has reported a NDE, it is important to remember that this person is the same as anybody else. He or she is a person who just happened to have had a NDE. It is also important to realize that people in this situation are often reluctant to talk about their experience. Perhaps the experiencer told someone about the experience and the person, after hearing this astonishing story, promptly told the experiencer that he or she was reacting to anesthesia or even dreaming.

Sometimes persons reporting NDEs suffer ridicule not only from friends and relatives, but also from doctors. The patient-doctor relationship is an extremely powerful bond. One can only imagine the hurt and confusion one may feel at hearing the doctor say that the experience they are reporting was caused by a dream or drugs. People who experience NDEs know that what happened to them was not something trivial or unimportant. In fact, some feel that it was more real than anything that had ever previously happened to them.

It seems that the best way to handle these people is to listen to them. Be empathic. Imagine how frus-
tating it must be to have experienced something as vivid and compelling as this and not be able to talk to anyone about it from fear of being ridiculed. These people felt extreme peace and love during their experience and they are very pleased when they find someone who will listen to their experience.

It is appropriate and even desirable for health care providers, family members, and others (e.g., clergy) to take time to listen to the reported NDE. Perhaps, after a number have been reported, the listener will draw some comparisons between type of illness, medication (if any) and type of experience. This kind of information is extremely necessary for understanding the nature of NDEs. Information gathering of this type might very well underscore the growing recognition that there is no simple cause and effect relationship between illness, medication and type of experience. The NDE may happen to anyone at any life-threatening time. Only careful consideration of such cases can help us determine their nature.

Clergy, in particular, should be concerned with the possible spiritual significance of the NDE. Here is some "evidence" that might possibly suggest life after death. In any event, clergy are the most obvious persons sought for support and guidance in the aftermath of a NDE.
Finally, to those who are loved above all others, family and friends, it is actually up to you whether the NDE remains locked in the mind of the experiencer or not. So many family members merely tolerate the stories by relatives who have had NDEs that the person and the experience begin to lose their significance. Instead of choosing the easy way out and ignoring such reports, consider discussing the report of the NDE with the experiencer. In this manner, the mystery and doubts about the NDEs may result in acceptance that can be valuable for all involved.
SUGGESTED READING LIST


Appendix L

QUESTIONNAIRE ON "HOW SHOULD I REACT TO A NEAR-DEATH EXPERIENCE

Occupation ____________________________

Religious Affiliation ____________________

Age ________

1. I had previous knowledge about NDEs before reading this pamphlet.
   Yes _____  No _______
   If yes, how did you acquire this knowledge __________

2. Before reading this pamphlet I felt comfortable about discussing NDEs.
   
   strongly disagree ___ moderately disagree ___ slightly disagree ___ slightly agree ___ moderately agree ___

   strongly agree ___

   Comments: ____________________________________________

3. After reading this pamphlet I feel comfortable about discussing NDEs.
   
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   strongly agree ___

   Comments: ____________________________________________
Appendix L cont.

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8. I would like to add the following questions or comments.

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