

AFTER A NEAR-DEATH EXPERIENCE:
CONSIDERATIONS FOR COUNSELORS

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Running head: Near-death Experiences

Abstract

After a near-death experience, profound changes occur in the values, beliefs, and attitudes of the person having the experience. Oftentimes integration of the changes is problematic. Three near-death experiencers were interviewed. Their descriptions of their experiences and the period following the experience were analyzed using a qualitative research methodology. Of primary interest was the discovery of factors that were both helpful and unhelpful to them in their interactions with others, particularly counselors. Validation of the NDEr's experience and an accepting and flexible attitude were found to be positively associated with the experiencer's assimilation of the experience, adaptation to the changes that occur in their lives, and, therefore, their psychological well being. In contrast, negation of the client's experience contributed to a less positive integration. The implications of these results for understanding near-death experiencers are explored and an informed treatment is suggested.

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For many years testimony has been accumulating of persons who have been clinically dead, but who were then revived, telling accounts of mysterious happenings during the time between their "death" and their "coming back" to life. A striking aspect of these numerous accounts was their similarity to one another, in spite of the variance in the circumstances of their "death" and dissimilarity of the persons describing them. The same patterns of experiences during this death period were reported: an awareness of being out of one's body, a feeling of extreme peace and happiness, traveling rapidly through a dark tunnel, seeing a bright white light at the end of the tunnel, meeting beings of significance to the individual, seeing a life-review, and then having to return to one's physical body and life.

In the early 1970's, Raymond Moody, a psychiatrist and former college philosophy instructor, set out to try to understand the phenomenon. Interviewing 150 informants with such experiences, he gathered anecdotal

data which resulted in his first book on the subject, Life After Life (1975).

It was here that the term "near-death experience" (NDE) was coined, and his book started a public awareness of and interest in the NDE.

Prior to Moody, Elisabeth Kübler-Ross's ground-breaking work, On Death and Dying (1969), had already launched extensive discussion, research, and education on and about the process of dying and death. Thanatology, or the study of death, was by no means new, but Kübler-Ross's work, which called for the need for a more humane approach to death, opened doors of understanding and compassion about this historically taboo subject.

Due to an attitude of non-belief, lack of sensitivity, and the absence of understanding by health care professionals, many experiencers encounter depressive aftereffects (Ring, 1984). Some patients have shown an unwillingness to come forward with information and, consequently, have been unable to assimilate the experience by therapeutic means. Also, the life and attitude changes taking place in the individual NDEr often cause friction within families and even permanent separations of loved ones. It

is evident that while the experience itself is more often than not a happy one, the aftereffects are often difficult.

An estimated eight million adults in the United States, five percent of the population, have had an NDE sometime in their life (Gallup, 1982). It is likely that the frequency of NDEs throughout the world will increase as medical technology advances in its ability to revive people. It is also expected that NDErs will be more willing to report such incidents as they become increasingly publicized in the media and, at least by some, more accepted. Consequently, there will be a greater need for counselors skilled in this area. To address this need, further research that explores the psychotherapeutic needs of NDErs could prove to be beneficial.

Review of Literature

Significance of an NDE

Many researchers have found that an NDE has a profound, life-altering impact on the attitudes, adjustment, and life-style of those who experience it (Moody, 1975; Ring, 1980; Atwater, 1988; Atwater 1994). In most cases, the experience is described as an exceedingly pleasant one, using words like joy, peace, and ecstasy. In a small percentage of cases, the

experience is not pleasant, described in terms ranging from distressing to hellish (Atwater, 1994; Greyson & Bush, 1992; Ring, 1980; Groth-Marnat & Schumaker, 1989). Whether pleasant or unpleasant, an NDE generates alarm, not just because the individual almost died, but because the NDE encounter during the death period was so fantastic and so alien. It defies conventional understanding, especially initially.

Despite the expanding attention that the NDE phenomenon has received of late, family members and health care workers still give little credence to many statements made by experiencers. Indeed, practicing and research physicians who follow the medical model generally have attributed the experience to lack of oxygen, organic brain problems, or psychosis (Morse, Venecia, & Milstein, 1989; Neppe, 1989; Schnaper & Panitz, 1990).

Kenneth Ring (1980), one of the premier researchers in this field, and the first since Kübler-Ross and Moody to do scientific investigations, has called the implications of NDEs "momentous" (p. 23). Moody wrote in his second book, The Light Beyond (1988), that NDErs "embrace life to its fullest and express the belief that love and knowledge are the most

important of all things" (p. 2). Further on, he calls NDEs "powerful instruments of change" (p. 11).

Many very positive aftereffects are described by P. M. H. Atwater (1988). The most common positive aftereffects are: ecstatic, at the wonder and beauty of it all; thrilled, to have experienced a miracle; grateful, that anything so incredible could have happened to them; in awe, beyond words to convey it; evangelistic, desirous of telling others about death and God and the power of love; humbled, by the magnitude of what happened.

Transformation and Regeneration

Ring's book, Heading Toward Omega (1984) reported a second scientific investigation of NDEs, enlarging and following up on the results of his first study. The major purpose of this study was to interview experiencers regarding the aftereffects. He found that experiencers undergo significant value changes following their NDE, particularly those who have undergone a "deeper" experience. In Ring's (1986) essay, which focused on implications of NDEs, he writes that "the larger significance of the near-death experience turns not so much on either the

phenomenology or the parameters of the experience but on its transformative effects" (pp. 78-79). He enumerates three broad categories of transformative aftereffects: (1) changes in self-concept and personal values; (2) changes in religious or spiritual orientation; and (3) changes in psychic awareness.

Bruce Greyson (1983) and Charles Flynn (1982) reported transformative effects, saying that an NDE affects personal values in the following ways: deeper love and concern for others; increased spirituality, with a de-emphasis on formal religion; better self-image; no fear of death; more acceptance of others; a quest for knowledge; more purpose in life; and a decreased interest in material things.

Cherie Sutherland (1990), in her study of 50 Australian experiencers, also found a dramatic change from religious affiliation to no religion. She even found a considerable increase in belief in reincarnation, from 41 percent who believed in it "a bit" before the experience, to 78 percent who believed in it afterwards with conviction (p. 29). There was a significant shift toward spirituality. She also assessed attitude toward suicide and found that, while they tended to be less judgmental about it, more said they

wouldn't do it, as they now placed more value on life. In an earlier study by Sutherland (1989) dealing with psychic phenomena, a significant increase was found in the reporting of such things as clairvoyance, telepathy, precognition, and healing ability.

Negative Aftereffects

Counterbalancing these "positive" changes mentioned so far are some not so positive ones, more evident among people whose experience seemed to unfold according to a single, common pattern or "core experience" of all the steps. They have seen "paradise" and often have trouble accepting the earthly realm of pain and sorrow; many NDErs become severely depressed (Ring, 1984).

In addition, personality and values changes resulting from the NDE often cause problems in relationships. Insinger (1991), in reporting results of his senior honors thesis with NDErs, said that all interviewees had both positive and negative influences on their family relationships.

Atwater, herself an NDEr, devoted her book, Coming Back to Life (1988), to the aftereffects of the NDE. She states that the most common negative aftereffects of survivors are: anger, for having been revived and

having to leave where they were; guilt, for not missing loved ones; disappointment, at discovering themselves again in a physical body; horror, if their experience was frightening; dumbfounded, if they want to talk about it but can't or are afraid to; depressed; at realizing they must now resume their former lives.

In Atwater's Beyond the Light (1994), the culmination of a phenomenal 700 interviews with NDErs, approximately one out of seven reported having had a hell-like or unpleasant NDE. Reported to her were experiences of "a threatening void or stark limbo or hellish purgatory, or scenes of a startling and unexpected indifference, even 'hauntings' from one's past" (p. 19). These were usually experienced by those who seem to have "deeply suppressed or repressed guilts, fears, and angers and/or those who expect some kind of punishment or discomfort after death" (pp. 19-20). Atwater seeks to dispel what she claims is a myth that over-emphasizes the transcendent aspect of NDEs, that says NDErs "return utterly transformed, eschewing greed and materialism for selfless service and love for all humankind" (p. 7). She seems to believe the myth is the result of professionals and the media giving the public what they want to

hear. Her research has demonstrated, she says, that the experience, the aftereffects, and implications are not so easily categorized.

Altered States of Consciousness

Schnaper and Panitz (1990), whose research focused on the aftereffects of unconsciousness in physically traumatized patients, proffered the idea that an NDE produces an altered state of consciousness simulating that experienced during sleep, illness, injury, anesthesia, hypnosis, and severe emotional trauma. Their experience with hospitalized patients resulted in a recommendation that NDErs, as with others in a state of unconsciousness, need to be "spoken to, called by name, touched and handled as gently as possible." This appears to indicate their belief that a level of consciousness exists in the unconscious. "Ominous prognostic and other medical discussions within earshot of the patient should be avoided" (p. 103), they write.

Greyson (1991) refers to NDEs as "mystical states of consciousness" and states that existing psychological theories have not lead to clinically useful predictions or treatments. His article cites Walsh (1980), who suggests that "applying Western scientific models to mystical states results

in a paradigm clash in which unrecognized paradigmatic assumptions necessarily lead to erroneous conclusions" (p. 488). Further, he states that Eastern philosophy's mystical traditions "assume that there are multiple states of consciousness; and that these altered states cannot adequately be described verbally but must be experienced, as through meditative disciplines or spontaneous mystical experiences like the NDE. Western behavioral science, by contrast, assumes that our everyday state of consciousness is optimal, and that all other states are pathological; and that nothing can be experienced that cannot be also described verbally" (p. 488).

Thus, there is the argument that contrasting basic beliefs of the two different models make scientific theories unhelpful.

Greyson (1991) goes on in his article to propose an approach which he calls biosociological, which draws on general systems theory, information theory, communication theory, and learning theory as the most useful model for understanding NDEs and mystical states in general. His goal is to better describe the phenomenon, predict outcomes, and plan proper therapeutic interventions.

John Pennachio (1988) also deals with NDEs as altered states of consciousness. He writes that "Western psychiatry avoids and for the most part seems to fear exploration of internal mental states" (p. 162) and sees value in looking at alternative views. Such alternative views are evident in the work of Laing (1967), Perry (1976), and Grof (1980), whom he cites. Their studies of the aftermath of psychosis and drug-induced psychedelic experiences lead them to maintain that a psychedelic experience "can be an essential and necessary part of self-transformation" (p. 163). Pennachio (1988) further states that an altered state of consciousness has the potential for transformation because of its transcendence of ego, which is seen as a step on the way to catharsis and regeneration.

Acceptance and Integration

Bruce Greyson and Barbara Harris (1987) acknowledged that the literature on NDEs and their aftereffects has focused on positive transformations and spiritual development, while neglecting the emotional and interpersonal problems sometimes precipitated by the experience. Their article reports general guidelines and specific interventions which

were developed at a conference of thirty-two psychiatrists, psychologists, social workers, nurses, physicians, clergy, sociologists, and NDErs themselves. The goal was "to help individuals accept the NDE and integrate it more fully into their world view, to decrease their sense of isolation and alienation from significant others who have not shared the experience, to encourage the NDEr to verbalize the insights derived from the experience and thereby to adapt to and grow from the confrontation with death and with an alternate reality, and to reconstruct for themselves a purposeful life in which the NDE and its effects can be balanced with the demands of the individual's everyday existence" (p. 43).

Barbara Walker (1989) proposes educational involvement within the fields of health education, psychology, and related human service professions, and states that "providers need to express non-judgmental concern" in dealing with NDE situations (p. 63). Her article enumerates guidelines for health care professionals which have been suggested by the International Association for Near-Death Studies (IANDS). She states that IANDS "has come to the aid of the health care professional, suggesting some helpful tools that can be used in clinical practice" (p. 69).

Projective techniques, such as drawing pictures, are said to be helpful, likewise Carl Rogers' "unconditional positive acceptance" (p. 69). Thus, the question is raised regarding counseling approach with this particular population.

In another study, Hayes and Waters (1989), researchers in the College of Nursing at the University of Delaware, studied the level of knowledge and attitudes toward NDEs of health care providers. Their sample was 578 persons who completed an investigator-developed questionnaire. The background of the investigators was not provided, a factor which would determine structure of the questions and could alter results. While 70 percent of the respondents indicated familiarity with NDEs, the source of that knowledge was primarily through lay press and media (newspapers, magazines, television, and radio) (p. 450). They charge that professional health education programs have been "remiss" in not including significant content about death education and NDE.

Clinical Resources

One of the purposes of the study conducted by Rosalie Newsome (1988) was to potentially develop training modules for counseling

professionals interested in NDE. This work examined the developmental status of NDErs by the standards of three major stage theorists, and sought to verify NDErs' subjective reports with objective measures of ego, moral, and faith development. In addition to three quantitative instruments used, she obtained extensive qualitative descriptions of their NDEs and personal attributes. Her results suggested that currently available instruments may not reflect the awakening to a new level of functioning that follows an NDE.

The International Association for Near-Death Studies (IANDS) is the only organization devoted entirely to NDE. IANDS' yearly conference brings together members--experiencers, researchers, clinical professionals, and the general public--who share information and network with one another. Programs are presented at these conferences which are geared to counseling therapists, health care providers, clergy, and others who provide care for NDErs. IANDS publishes a quarterly Newsletter, "Vital Signs," with articles and announcements of interest. While IANDS is an excellent resource for information and training opportunities, the organization is not well known among any but a specialized group of

people. More training and information dealing with the needs of NDErs is needed which is oriented to the professional, especially in hospital and critical care environments.

One of the factors extant in undertaking any research is resistance to any topic which is out of the mainstream. Some of the research on NDE so far has reflected a desire to legitimize the phenomenon, so to speak, through reliance on scientific quantitative methodologies. Newsome (1988) acknowledged the need to enhance the credibility of the field of near-death studies among academic researchers "who have been slow to consider this a legitimate field for scholarship work" (p. 90).

There has been a great deal of research on the characteristics of the NDE itself, the aftereffects of the experience for the individual, and the long-term significance for the individual. Missing from the published research are studies which seek to ask NDE experiencers directly their recommendations for improving the quality of care for NDErs. Also missing are many studies which use a qualitative methodology.

This study has attempted to augment the research by gathering such information using a qualitative case study methodology. The intent, like

Newsome's (1988), was to add to the data available for the training of counseling professionals.

Research Objectives and Questions

The primary objective was to explore the aftereffects of an NDE on the lives of experiencers and discover how the experience has changed them.

The secondary objective was to gather clinically useful information relative to achieving a high standard of quality care for NDErs.

The questions addressed are:

1. What was the NDE like?
2. What aftereffects were there?
3. What changes or adjustments occurred after the NDE?
4. What were NDErs' psychotherapeutic needs?
5. How can therapists be helpful?

Method

Rationale of Design and Approach

The design for this research is one based on phenomenology, that is, the individual subjective experience of the subject was the source of information. A qualitative case study method of data gathering and

analysis was selected. This descriptive, discovery-oriented approach is congruent with the clinical interviewing methods used by counselors. I felt this design appropriate to the phenomenon under study, the questions being asked, and the nature of the answers to be elicited. Case studies are the "method of choice" when the phenomenon under study is deeply embedded within its context (Yin, 1993), as is the case with NDE.

I plan to describe the NDE itself and its aftereffects for the experiencer.

In addition, and for the purposes of this study the primary goal, I plan to describe ways in which counselors and others can be helpful to them in integrating their experience into their lives. The details of the NDE itself place the aftereffects in context, and thus are necessary to an understanding of the total experience, but are not the focus of this research. These criteria form the theoretical base for this research.

In the study of individual human experience, details emerge which have significance in and of themselves. Because of the large amount of data that become available with this type of research, I decided to limit the number of informants to three cases. Other than this practical consideration, three informants would also provide multiple sources of

evidence, and thus help to contribute to more "robust" findings (Yin, 1993) than using only one or two subjects would.

The case study approach using multiple cases also allows the researcher to analyze the findings both within and between cases, thus providing an additional data context. The researcher is looking for patterns, themes, constructs, and meanings within the data, as well as imagery, incongruencies, contradictions, and so forth. Gathering data from multiple sources provides for similarities and differences to emerge, thus adding to the quality and richness of discovery.

In beginning this research, I did not begin with a theoretical position about expected results. I was not out to test any hypothesis. Rather, in keeping with the qualitative approach and consistent with the inductive model of thinking which the qualitative approach demands, I was open to the possibility that a theory may emerge during the data collection and analysis phases. The elements that lead to the theory come directly from the unit of analysis, i.e., the NDErs' experience following their NDE. This process is known as grounded theory development (Strauss & Corbin, 1990; Moustakas, 1994).

McCracken (1988) refers to the role of the investigator in qualitative research as a sort of "instrument" of the process. I acknowledge the role that I played as a part of the process. Another researcher, even one asking the very same questions, would certainly have received different answers. This is the nature of human interaction, and the nature of the unstructured interview. The personal contact that I had with each respondent allowed me to obtain information not otherwise obtained. I was able to observe their appearance and their home environment (an office in one case). Likewise, the respondents were able to observe me and react to me. I became more practiced with each successive interview, more comfortable with my role. Respondents appeared to respond favorably to the researcher and to the interview process. All were extremely cooperative and willing to reveal their experiences.

A pilot study was conducted in order to test my methodology. The initial questions used with my pilot study subject were found to be too general; they did not elicit sufficient answers. Feedback from my pilot study subject suggested a more structured questioning technique. I subsequently developed specific, open-ended and closed-ended questions

based on what I knew about the aftereffects of NDEs and my research objective. These questions were reviewed with Dr. J. Timothy Green, a clinical psychologist who treats NDErs and an NDE researcher, for effectiveness and comprehensiveness. He added one additional question.

Dr. Green is a member of IANDS and has been interviewed for local newspaper articles on the subject of NDE. We became acquainted after I contacted him after reading one of those articles. He has been helpful to me in discussing the design of this research, by providing names of NDErs to serve as subjects, and by reviewing a preliminary draft of this report. I very much appreciate my discussions with Dr. Green and acknowledge the assistance he so graciously provided.

Operational Definitions

An NDE is defined as the phenomenon experienced by persons who have come close to death through a physiological emergency, during which any of a collection of unusual perceptions of an alternate reality occurs. The experience is often not reported right away; thus, the experience is not known by others as having occurred.

The period after the NDE constitutes the timeframe under study, and is defined as the totality of time since the experience to the time of the interview(s).

Aftereffects are defined as those changes that occurred in the individual's values, beliefs, attitudes, habits, relationships. Integration of those changes is seen as an acceptance of them and achievement of a satisfactory level of functioning as judged by the individual. Integration includes acceptable adjustment in relation to family members, friends, work, community, and their life in general.

Helpful responses are those that enhance the psychological well-being of the experiencer. Unhelpful responses are those that were not beneficial to the psychological well-being of the experiencer. The determination of what was helpful or unhelpful was made by the NDEr.

Procedure

An NDE is a profoundly personal and emotional event. I was aware of the critical importance of conveying a caring and respectful attitude for the individual's experiences and feelings. To open up to a stranger, albeit a sympathetic and interested one, may elicit an uncomfortable reaction.

Moody's (1977) questioning guidelines of adopting a sympathetic attitude and feeling comfortable were helpful. I tried to reflect understanding and approval, using reflection, paraphrasing, and clarification, while at the same time, not leading subjects or "putting words in their mouths." I was aware of balance between formality and informality (McCracken, 1988), but leaned toward informality because of the sensitivity of the topic. I was cognizant of the importance of building trust, even though our relationship was to be necessarily brief and limited.

Instruments

A list of questions was used for the in-depth interview with subjects. Another list of questions was used for the interview with the additional informant. In addition, a questionnaire was administered to elicit demographic, factual information, such as age, occupation, and marital status.

Interview questions were developed by the researcher. The rationale for the questions came from my knowledge of NDE, the objectives of the research, and the preliminary questions that were to be addressed. There were three major areas to my questions: questions about the NDE itself,

questions about aftereffects of the NDE, and questions about psychological and emotional needs. Different dimensions were built into the questions to allow informants to respond in their own way while at the same time eliciting responses sufficient for the study.

Because the questions were self-developed, research reliability or validity of the questions could not be established. However, the list of questions was reviewed with Dr. Green to establish face validity.

Data Collection

Behavior of the investigator is important in conducting qualitative research, where the intent is to in-dwell with the subject. I attempted to achieve rapport and put subjects at ease and comfortable as described in a previous section.

After the initial stage of meeting and rapport establishment, a brief description of the research project was read. The consent form was then read and signed. Informed consent is an ethical standard and both the brief description of research and the Informed Consent form fulfilled the requirement to fully inform participants. The interview began with the collection of data on the Demographic Questionnaire, followed by the

exploratory interview. Interview questions were both open-ended and closed-ended.

The consent form included a section where subjects were offered feedback in the form of a summary of research results. All subjects requested this information. A debriefing about their interview will also be done in order to determine any needs or concerns that might have come about since then.

Verbatim transcripts of the three subject interviews were created and checked for accuracy against the audiotapes. Emphasis was noted on the transcripts where it occurred in voice inflection. The researcher also noted where emphasis in non-verbal expression (body language) was prominent, drawing upon my memory of the actual interviews.

Data Analysis

The primary objective was to explore the aftereffects of an NDE on the lives of experiencers and discover how the experience has changed them. The secondary objective was to gather clinically useful information relative to achieving a high standard of quality care for NDErs.

The process of qualitative analysis was based on data reduction and data interpretation (Creswell, 1994), where the researcher reduces a volume of information to themes, patterns, categories, constructs, meanings, and so forth.

Method of Coding. I read the raw data of the transcribed interviews multiple times. The first time I read the narrative straight through relatively quickly to get an initial impression without focusing on detail. This first reading Moustakas (1994) refers to as immersion in the detail. As thoughts came to me, I made note of them in the margin of the page. The second reading was more focused on contradictions, literary references, colloquialisms, opposing forces, metaphors, imagery, as well as references to time, space, wholes, and parts were of interest. The tone, mood, and voice of the subject were considered. Topics were noted (by name, rather than assigned code) and later grouped into categories as appropriate. The preceding process was done for each subject.

My perspective at first reading was atheoretical, that is, I attempted to suspend judgment and not draw inferences. Then my reading became

more focused, as I systematically began to search for answers to the research questions (Strauss & Corbin, 1990).

Analysis was performed both within subjects and across subjects. Discussion of part of the data, comparing interpretations, was done with an independent reviewer in "brain-storming" sessions as suggested by McCracken (1988). A full comparison of interpretation of data was not possible for practical reasons and limitations of time. The intent was to make sense of the material at hand.

Reliability and Validity. It is important to address the issues of reliability and validity in any quality study. Qualitative research methods, however, must acknowledge a somewhat different meaning to the terms, as distinguished from their meaning within quantitative methods of study. The concepts will be used here framed within the accepted procedures of qualitative methods (Creswell, 1994).

In the collection of the data, I attempted to increase validity by using multiple subjects. The units of analysis were the individual NDErs' descriptions of their experiences following the NDE. Multiple subjects allow similarities and differences in the data to emerge.

In-depth interviewing of NDErs was conducted. Additionally, an interview was conducted with a psychologist who has knowledge of the psychotherapeutic needs of NDErs. This process is referred to as triangulation (Creswell, 1994). Additional triangulation was made part of the method by the ongoing consultation provided by Dr. Lisa Hoshmand, my Research Director, regarding to the overall plan and execution of the project. Her assistance and patience are gratefully acknowledged.

A pilot study interview was conducted as a preliminary step to gain practice interviewing and to serve as a test of my procedures.

Every effort was made to ensure accuracy of all information obtained. Audiotapes of the interviews were transcribed by a professional court reporter (pledged to respect confidentiality) and by this investigator. I went over the transcriptions generated by the court reporter for verification.

I also asked an independent reader (also pledged to observe confidentiality) to verify the transcripts. Both of these steps were designed to increase internal validity.

Since this was a phenomenological study using a case study approach and a small number of informants, generalizability of these findings to a

population of NDErs was not the goal. This being the case, external validity is not relevant. However, some of the findings of this study appear to be universally useful and may well be transferable to other NDErs.

It would be impossible to replicate this study because of the uniqueness of its discovery-oriented, exploratory approach. However, one may perceive the constructs and patterns within the results as generally replicatable in different settings.

Results

The primary objective was to explore the aftereffects of an NDE on the lives of experiencers and discover how the experience has changed them. The secondary objective was to gather clinically useful information relative to achieving a high standard of quality care for NDErs. These findings are presented here.

The questions addressed were:

1. What was the NDE like?
2. What aftereffects were there?
3. What changes or adjustments occurred after the NDE?

4. What were NDErs' psychotherapeutic needs?
5. How can therapists be helpful?

Following is an analysis of the narrative data from the interviews of the three primary informants. The data are presented within each case, then the interview with the additional informant, and then across cases. A summary of the results is then presented, with the above research questions as the focus.

Subject One

My overall impression of Subject One must begin with the statement that she is a survivor. Her home life as a child was abusive and dysfunctional, destroying her chance for normal psychological development. Themes and meanings which could be assumed to be related to Subject One's early and continuing abuse are strongly evident in this interview.

As reported, her mother and her brother were sources of great pain and suffering for her. The torture to which she was subjected at the hands of her brother, her mother's psychological, physical, and sexual abuse of her,

her mother's alcoholism, and her own alcoholism probably played a major part in development of abnormal personality integration. She never mentioned her father specifically, though she did reference her "parents" a few times. Never did she compliment her family or mention good things or good times. She reported experiences resembling dissociation and multiple personalities.

Because of the severely disturbed background of this subject, the findings for this study are necessarily more complicated. I found the data extremely rich in meaning, with narrative that could be grouped in several different categories. This analysis is suggestive not exhaustive; that is, the process of data reduction and data interpretation, moving back and forth into and out of the data, could easily have continued longer. It remained interesting to me.

Comparison of this case with previous research that does not address and/or control for subjects' early experience requires caution. The number and type of NDEs she had is unusual, as is her life experience. Therefore, my findings statements will be more tentative than generally thought of with qualitative case study research, which, as we are aware, is,

conceptually, at least, always considered tentative and open to alternate interpretations (Yin, 1989). The point is that I feel less secure in theory building for this subject than for the other two cases, who did not report abuse or dysfunction.

The NDEs

This subject reported having multiple NDEs spaced over her lifetime. She had several from 18 months to 36 months (abuse by sibling), age two years (drowned in pool), age 13 (car accident), age 18 (illness), and age 20 (flashbacks). None of her NDEs was a full-blown NDE. Her NDEs were apparently limited to the first few stages: an awareness of peace and calm, out of body, and (possibly) seeing white light. She reported no occurrence of tunnel travel, seeing other beings, life review, making a decision, nor the subsequent stages (though she did report returning to her body).

Tone, Mood, Voice

The subject appeared somewhat depressed judging from her slow movement and low energy level. I asked her at one point if she felt okay. She said she did but that she had been ill. Her affect was rather flat.

She spoke quietly, somewhere between objectivity, apathy, and disengagement, not unlike my image of a shell-shocked reporter. Another voice was that of a critic, analytical, opinionated.

Major Themes, Meanings, and Constructs

Suffering and Loss. Subject One suffered abuse from both her brother and her mother. "I was tortured as a young child by my brother." "I would be in a great deal of pain and misery and upsetness." "I would become unconscious." "My mother tried to drown me on a few occasions. As a matter of fact, she brought it up to me a LOT as a child. It was very threatening." She never said, nor did I ask, if her mother was involved in her near-drowning in the pool. In a different context, a counseling one for example, this would be an obvious bit of information to pursue.

Referring to her time in therapy, trauma is mentioned: "I think when you've been through a lot of trauma, you WANT to put the therapist in your own chair" (is "chair" an image of her childhood abuse?). When I asked her if she thought she was unique, she gave her opinion that current suffering in the world as being far greater than hers, with people not having

"a place to live (or) enough to eat" and that "the world consists of a tremendous underbelly of suffering." No self-pity is evident here. In spite of her personal loss, she says "a lot of people have been through a lot more." Then, further minimizing, "I'm sure some people's experience is more dramatic than mine."

Other data related to suffering and loss: abuse, trauma, bodily insults, hunger, humiliation, degradation, misery, technology taking over jobs, humanity taking over available ecological space, suffering increasing as we're sitting here; poor and suffering; poverty stricken.

Relationships. About relationships, she makes the statement, telling and true: "True security lies in one's relationships with others ... not necessarily in the material things" because "material things can change and vanish." Until the last few years, she had "a difficult time ... relating to people who have not [had] very many traumatic experiences.... If people [haven't] gone through a certain amount of STERMINDRANG [German word for pain and suffering] and drama in their life ... I couldn't relate." This seemed to be a test of friendship for her. She seemed to suspect relationships, saying "you can't have any really close interpersonal

relationships or be counted on to be emotionally there for someone else."

She brings up a previous, violent, relationship: "I just always insisted on my point of view ... never felt any need to compromise ... never any need to back down." Also a relationship issue is her rejection of therapists who wanted and got personally involved.

Consciousness. In this category there were no less than 40 data points, making it the most utilized concept. She said altered state(s) of consciousness, altered states, or state of consciousness 24 times, conscious, consciously, consciousness, unconscious, or unconsciousness 15 times, and masculine consciousness 1 time, 40 references in total. (Three of those times I used the term first.)

I am including under the heading of Consciousness the significant revelation of MPD, Multiple Personality Disorder. She said she had at one time 30 personalities (see also under Control).

Spirituality. Subject One talked about some of her experiences that were of a psychic nature. She said how, in the Winter when she was 18, she used to walk every day past a house in her neighborhood that never had snow on the sidewalk, which was strange to her. "Whenever I passed the

house I always had an image in my mind of a lot of trees ... the woman had been a painter ... and when she died [I learned that] she painted paintings of trees" The subject then described another example of a psychic experience, the dream she had about a murder that took place in an apartment. "I found out later that [the murder] did actually occur."

A spiritual or metaphysical or religious bent is not obvious in this subject. She wonders about "persisting life" and the "persistence of life" because of the above mentioned psychic experiences. She refers to a deity in saying, "I really think it's up to God whether there is something beyond this [life]." That was the only time it was clear she was communicating a personal attitude regarding belief in God.

Integration. There were 15 references to the process of integrating, adjusting, making herself whole, in reference to her life traumas and her NDEs. It came up in context of her therapy and outside of therapy. It should be noted that this subject started therapy only ten years ago, at the age of 30. So her therapeutically-assisted integration is relatively recent. "So until I integrated both the big feeling of being free of the world and one

with the universe, and the feelings of terror, with the threat of the loss of life ... I really had difficulty relating to other people."

An integral part of the process of integration was the transference that occurred with her therapist. She described how she abused her therapist: "At times I wanted to ... upset her," "I wanted to hurt her," and "you would have thought that she was somebody that I could intimidate" (she evidently was never successful).

Feelings and Emotions. Not surprisingly, many feelings and emotions were mentioned during the interview. The word "dispassion" was repeatedly used (9 times). Irritability and pain were communicated. Then, about her abuse: "I would be transported to a very calm, beautiful state of mind, very transcendent, a feeling of peace with the whole world."

About her car accident, she said: [I had] "a curiosity about how badly I was injured." She mentioned also her out of body "floating" sensation. Then, rather magnanimously I thought, she stated how the other driver "was crying when he went through the red light, so I had some compassion for him." "Things don't work out perfectly in traffic or any other situation all the time," she said.

Not surprisingly, terror and fear were principal constructs for this abuse survivor. Referring to her second car accident: "there's no reason to have fear and run because that's not available" (see also Control). Then she expressed how she integrated her "feelings of terror" and "the threat of the loss of life" in the therapeutic setting.

Love was an element in the narrative in the following ways. She mentioned a feeling of love for the world, the love (dependence?) of a child toward even a cruel caretaker, love in service to humanity, sexual love, and the empathic love of a good therapist to a client.

Other interesting passages: "All of our reasons for having emotions seem to fall away in certain circumstances;" "I couldn't see being that emotionally attached to anything" embarrassment; and anger at her mother.

Control. Control, and its affiliate, power, were evident in Subject One's personality. She had a firm way of stating her opinions and beliefs.

I conjecture that she wields the greater power in her relationship with her partner.

Evidence of this theme: "... the decision that I would go back in my body" a sense of "inevitability;" "the human person has an ability to surrender to absolutes;" "your body is just an object that flows through space according to the laws of physics and what's gonna happen is gonna happen" (see also Space). And the most poignant, describing how in therapy she "had permission to express a range of emotions and activities" whereas "in society" (during her abuse?) "you don't scream, you don't scratch, you don't call out."

Alcoholism. Alcoholism had great meaning in the subject's life. It served as an apparent means of escaping the pain of her childhood trauma and neglect. "I actually became an alcoholic as a child," she articulated. Her parents served her alcohol as well, and she "stole alcohol in addition to that." A friend and lover introduced her to Alcoholics Anonymous. AA became the primary catalyst for her entry into professional therapy. Very revelatory and touching narrative followed at this point: "I really didn't want to be around any therapists. I figured they'd just lock me up and throw away the key if they had any idea what was going on with me. But I became aware of the depth of my mental problems, and I began to have a

lot of flashbacks happening from the past ... and I knew that I needed professional help, and I got it."

Sexuality. Her brother and another boy, both early teenagers, sexually abused her when she was prepubescent. Her mother's sexual acting out and sexual abuse of her further contributed to subsequent problems related to sexuality. Her sexuality, she said, was a major issue during therapy. Working through it in therapy, and the integration of those experiences as she attempted to "remember both the pleasurable and extremely unpleasurable aspects of that" helped her integrate and accept her sexual identity as a Lesbian.

Imagery. Following is a list of imagery used: "malevolent;" "predatory;" Marlboro man; (413); "fantastic architecture" (a Gothic reference?); "Currier and Ives postcard;" "image in my mind of a lot of trees;" and "a psychic image" that occurred in a dream.

Minor Themes, Meanings, and Constructs

Service to Others. Subject One references service to others, but only in passing. She asserts how suffering leads one to "slow down" and see

that there are lots of problems that "you can make a small contribution to help." Without trauma, one is "focused on your own creature comfort."

Time. References to this element include, "I would wake up and it would be the next day. Time had passed." The torture occurred "once a week for a year and a half." I asked the subject how long these periods of being in the experience would last and she answered that "they sometimes lasted for over an hour." And to my question, "how often would they occur?" she answered "maybe once a week for about a year and half of my life." Given this regularity, one wonders what the circumstances were, if perhaps these two children were left home alone by their parents.

Also relevant to the time construct is the description of her NDE at age 18: "And then somebody said something about too much time having passed. And I came awake, and I felt that this had taken about five minutes. And I looked at the clock, and the clock indicated that about an hour and a half had passed. However, I found that a clock was wrong which had not been wrong before. About four hours had passed. And the time on the clock had been changed either by me or some phenomenon." Continuing, "through some methodology the clock had

been changed so that in fact about four hours had passed." In other words, after she came back from her NDE, she felt like only five minutes had passed, the clock said that an hour and a half had passed, but four hours had actually passed. I wish I had asked her what all that meant to her, then and now, since her description was quite lengthy.

Space. A few references to space occurred when she described the sky as "behind" her during her pool NDE, and being shocked "to be back in my body." She also described herself as "flying through the air" and "your body is just an object that flows through space according to the laws of physics and what's gonna happen is gonna happen" (see also Control).

Color. When she described her pool NDE, she "turned blue," and the sky was "light gray, almost white."

Visual. She did not recall "seeing" herself pulled out of the pool. Later, as she was describing what happened during the torture, she said, "Everything that was happening to me and around me seemed to disappear" and "I would experience a feeling of lightness and transcendence."

Metaphor. In describing her NDE at age 18, she said it resulted from a severe illness (celiac disease, venereal disease, urinary tract problems, and

fever). She said "I perceived myself being out of my body, going through a brown curtain into a light" (metaphor for the grave?). Additional metaphorical referents: the Indian Veil of Maya, in which the greatest reality is beyond; being "let out of the cage," both a metaphor and an image for release from struggle; and finally, the "monster" which represent her abusive history, that she had to "keep down, keep placated", lest it "leap out" and destroy her.

Colloquialisms. "I think ... a traumatic experience ... lets you put your finger on the pulse of humanity." "Death is near at hand." "She was with me throughout the whole shebang." Her therapist as "a punching bag."

Literary References. Referring to her time spent in therapy, she said, "I'd talk to a clown if that's what she told me to do," and "she had other cards up her sleeve." Then, about telling the doctor about her NDE, "I felt like I should keep it under my hat." Regarding therapy, she was able to talk about "the main issues that were driving this whole house of cards that I had built."

Incongruencies, Contradictions. I found only a few incongruencies and contradictions. When asked if she believed in an afterlife, she answered that her experiences "may be due to brain chemistry, or lack of oxygen," a response that didn't answer my question. Perhaps the problem was the context of the question. I took her response as a non-belief in God, since belief in God customarily incorporates the concept of an afterlife.

The other contradiction occurred at line 109, where she told me that the torture would last for over an hour, then she said, "it would be the next day."

Bogdan and Biklen's Coding Scheme

In addition to the coding scheme above (Marshall & Rossman, cited in Creswell, 1994), I formed some additional preliminary groupings from the data, in the following four topical areas within Bogdan and Biklen's coding scheme (Creswell (1994):

Settings and Contexts. The following settings and contexts came up during the course of the interview: Abuse; illnesses; NDEs; work;

relationships (with partners, therapists, family, friends, co-workers); car accidents; dream and psychic states; therapy.

Perspectives, Ways of Thinking About People and Objects. She sees her choice of career as a nurse practitioner as an outgrowth of her belief that serving others enhances relationships, which is the source of true security (and not material things).

She seems to conceive of "people in wartime" and "battlefield addicts" as "attracted" and "addicted" to "peak experiences" of altered states of consciousness. She identifies the paradox by saying that "death is very near at hand" and yet there is "this complete calmness, this dispassion." She also makes a connection between drug addiction and the desire for peak experiences and altered states of consciousness. She has an interesting way of viewing the attachment and dependency that children have for their caretakers, even those who are cruel and punishing. She says that since a child has to "get their food and water" from them and the caretakers (parents) are "the source of life for that child," "you're going to relate to them in a loving and dependent way." "It really doesn't matter

how they treat you." Of therapists who overuse hypnotism she says, "I think it's a terrible idea. I think it stinks."

Processes. Her thinking keeps alternating between the personal and the impersonal. She becomes detached from her own experience easily, becoming analytical and philosophical. When I asked her if her current partner was supportive of her, she said only that "she was with me throughout ... the whole shebang" and then went on to talk further about her problems. The subject of her partner's supportiveness of her was deflected, and I did not pursue it.

She also described how she is changed, crediting her successful therapy experience for that change, and contrasting the way she used to be with how she is now. She says that, before, she had the feeling that she was "sitting on a monster" that she had to "keep down" and "placated."

Self Evaluation and Comments on the Interview

(a) This was the first of my interviews other than the pilot, and the first qualitative interview for the purpose of conducting a research project that I've ever done.

(b) I was aware after this interview, and especially after reading the transcript, of areas in need of improvement in my technique. I was directive and leading in too many places. I made some abrupt changes of subject. I needed to ask more open-ended questions and fewer closed ones.

(c) As an investigator, it was not my role to pursue areas that the subject appeared not to want to talk about. But leaving gaps in the data was somewhat of a disadvantage in the analysis. In future interviews of this type I will be more aware of decision points for balancing both perspectives.

Subject Two

Subject Two is a 48-year-old female, married, mother of two, living in Orange County. She had one NDE at the age of 19 which happened after a very unusual car accident involving a horse. She was seven and a half months pregnant at the time. In our interview she was quite open to discussing her NDE, even happy to do so. She is interested in and has done a lot of reading on the subject, as well as other metaphysical topics.

Her interest in such topics was first stimulated by Raymond Moody's first book on NDE. We met in her home for approximately one hour.

Subject Two said told me that she was very close to her mother, who died in 1979. She didn't get along well with her father when she was living with her parents, but their relationship improved before his death in 1992. She said that she and her father conflicted because he was an "Archie Bunker" who believed that "everybody was condemned to hell if they weren't White Anglo Saxon protestant."

She grew up in Massachusetts, a traditionally conservative regional area, within miles of the scene of the Salem witch burnings. It would be safe to say her father was a conservative influence. Yet the Subject's leanings are more liberal. Possibly a more liberal attitude was modeled by her mother, although she did not specify her mother's differences or similarities to her father. Her two brothers, one older and one younger, were conservative like her father. Not surprisingly, she did not get along well with them either.

In telling how it affected her to live in such a household, she said, referring to anyone who visited: "...if they weren't White Anglo Saxon

protestant ... we would ask them to leave our house ... and my brothers obeyed and I didn't. That's why my father and I didn't get along but it was great because it offered me the opportunity to explore religions and to challenge him and say, you know, this is not right." Subject Two's independence, sense of justice and morality, challenge to authority, and open mind displayed themselves as traits as a very young woman.

The NDE

The first indication from the data of the subject's awareness of NDE-like qualities was when she realized "that was the end of my breath" and "as I thought that I was thinking ... it doesn't really matter whether I live or die." "I wasn't afraid of death at all." Then, "I wasn't really feeling connected, like this is happening to me but it's not me." This is typical of the first stage of an NDE: it seems unreal. Then she experienced a life review: "my whole life ever since I was a baby, my first sight, in minute detail sort of replayed. Every word, every sight, every action, every person I ever knew. Any event in my life, everything that ever happened even though it was nothing." The feature of an NDE called decision time was revealed: "It was almost like there was another person talking. I

think it was more like a spiritual being saying ... Do you really want to let go? You can let go if you want...". After more description about what took place at that point, she returned to her body: "wherever I was it was like a third dimension. I came back like 100% in my body." She had no fear, she felt safe, there was no tunnel experience and no light, and no out-of-body feeling.

It should be noted that Subject Two reported having an out-of-body experience at a later age, when she was about 25, during a dream. She did not describe it in any sense related to NDE.

Tone, Mood, Voice

The subject had a cheerful attitude the day of the interview and appeared to be content and interested. The tone and mood of the interview data reflect those qualities. She is about to graduate with a Master's in Counseling and is occupied as counseling intern. Her voice is that of a teacher, an investigator, a life traveler, and an enthusiastic participant in her own and others' spiritual and psychological growth.

Major Themes, Meanings, and Constructs

Subject Two seems to place importance on both substance and meaning, as her description unfolds of her NDE and its circumstances. It was detailed and flowing with emotion. Describing the crushing blow she sustained by the horse, she even made the sound of breathlessness (96). A noticeable softness came over her (and her voice) when she told me that it was a good thing she didn't have her seat belt on "because I think I really woulda' got hurt badly."

Spirituality. Her spirituality and metaphysical things are very important to her. Evidence of this was found throughout the dialogue, with many references to belief in the existence of "another dimension": "it was like a third dimension;" "it was like another dimension;" life as "multidimensional ... we don't just live in one plane ... I always thought there were lots of planes;" "then I really started reading a lot about psychic, metaphysical, other-dimensional type philosophies;" "stay connected to that dimension;" "to trust that part in me, that other dimension in me;" "I'm not just my body and I'm not just my mind. There's even another dimension in it." The use of the term continues throughout.

Another concept she frequently used was "natural knowings": "I did not see any light, or any tunnel, or any brightness. It was more ... a natural knowing." She said she has talked to "lots of people" who have "had natural knowings, or received information in dreams." And describing the feeling she had when she left her husband, "this was one of those other natural knowings."

Describing further those "natural knowings," she said about the time just after her NDE: "I had ... other incidences in my life where I [knew] what was going to happen ... [where] I [saw] people in my mind, my grandfather ... was dying and I could see him dying ... we weren't anywhere near him ... it was just ... another ... piece of information for me to know."

Our interview turned to her thoughts about the meaning of NDE. She describes herself as spiritual but not religious. She talked about the evolvment of the human race, saying that "we're only temporarily our (539). She sees God as a spirituality and includes dreaming as part of that spirituality. "I think all of this ... connects together to remind us that we're evolving into the next stage."

Out of Body Experience. I place this category here under major themes for a couple of reasons. First, because it is significant that this subject did not categorize it in any way as an NDE, as did Subject One. Second, her description of the out of body experience in her dream indicates that she places credence on messages received during dreams, and this relates to her spirituality and her attitude toward levels of consciousness. An excerpt: "It gave me permission again to trust that part in me, that other dimension in me, and to honor that and to know that it was okay, that there was a meaning to all of it. And I think that's what I've wanted to know my whole life. What is the meaning? You know, what am I doing here? What's the purpose of all of this? And so I've learned to trust that a lot more, and know I can get answers in dreams and new interesting things."

Consciousness. Subject Two was the polar opposite of Subject One regarding linguistic use of the term consciousness. Not only did she report no experience of altered states of consciousness, the only time she used the word "conscious" or any derivative of it was in describing the car

accident and her mother's condition, "I think if it had been a round steering wheel she would have ... been unconscious."

The researcher realizes, however, that linguistic use (and by that I mean speaking the word) is not a prerequisite step in conveying the idea conceptually. And, indeed, Subject Two does that. The idea of consciousness occurs everywhere in the interview.

Death. The theme of death does occur in the data. Describing an aspect of her NDE: "It doesn't really matter whether I live or die I wasn't afraid of death at all. It wasn't something that I was ever concerned with. I thought it would be fine one way or the other."

Where I asked her what is different about her now since her NDE, she outlines her basic philosophy about life. Part of that includes her attitude about death: "So what's changed is that I've really got a much better appreciation for accepting things and knowing that there's a certain meaning and order to things that we don't really have to question Like if I saw somebody die of something ... I would know ... that's part of what we're supposed to do ... there's a reason for that person going through that."

In the same passage regarding her outlook on life, attitude towards death, etc., she says she is less judgmental and "I think it's helped me be a lot more calm and accepting and knowing and really trusting that, it's almost like there isn't any right and wrong. It just is." Learning to trust is also a significant part of her process.

Imagery. Interesting passages: "Raining really hard;" dark clouds; very dark out; huge trees; very, very dark; keep seeing the house. In describing her NDE, images unfold. "We saw that it was a horse and not a man. The horse was jumping ... we later learned that it was a jumping horse ... evidently it thought it could jump OVER our car lengthwise and didn't realize that it was quite a long distance," and she goes on. The mental pictures one receives from her descriptions are powerful.

Time and Space. Closely related to the above category are Time and Space constructs. "We were driving down the road maybe about, I don't know, I would guess about 15 or 20 miles an hour. We weren't going very fast because we couldn't see." And in reference to the object in the road in front of the car: "we were very close to it." She goes on with a lengthy description of where her head was, where her mother's head was,

where the horse was, etc. "I didn't feel like I floated off anywhere or that I left my body at all. It was almost as if I was sitting up looking at it."

Color. "Dark clouds;" "very dark out;" "no white lines;" "bounce the light;" "a flash of light;" "light brown;" the replay of life "was all in color." (It was coincidental that she said "brown", the same color of the curtain in Subject One's narrative.) The replay of her life "was all in color."

Colloquialisms. Subject Two's vocabulary was freely sprinkled with informal language. She said "you know," "like," "sort of," and "kind of" often. She used the expression "I mean" twelve times. Such words and phrases used repeatedly constitute a language habit and style. Other colloquialisms reflect regional and cultural background: "What it ended up being;" the horse's legs and feet "just wildly ... going all over the place;" the horse "had to be put away;" "tons and tons of books;" "pretty much;" "gee;" "a super sweet nice buy." Also, regarding her life review: looking at it "through my eyes at that age."

Minor Themes, Meanings, and Constructs

Relationships. Subject's Two's relationships seemed to have minor importance for her, even though she stated once that "family is extremely

important to me." She talked about them but in a rather detached way. She talked little of her husband. She has two grown daughters, but they were never mentioned except in the collection of demographic information when we first started. I found this odd and an obvious gap in the data.

Her relationship with her father has already been described. Her relationship with her brothers was hinted at in describing her NDE. Remember that she was pregnant at the time: "I didn't want a boy ... I wanted a girl ... if I have a boy, especially because I grew up between two brothers, I do not want one of those."

She described her mother as a very emotional person whereas "I kind of take things in stride." Little specifically was mentioned concerning other aspects of her mother. At the time of the NDE they were on their way to purchase baby clothes, so mother and daughter did spend time together. Her mother "dismissed" her NDE story when the Subject brought it up again to her later: "I've heard things like that happen ... you're probably in shock." Subject Two told me that she was devastated at her mother's death.

She placed importance on staying married to her first husband: "I would try to do everything in my marriage to keep it together because I didn't WANT to be divorced."

Intelligence. She seemed to place value and meaning on the intelligence of the "brilliant" engineers at Bell Labs where she used to work. "The engineers there have to be in the upper ten percent of their graduating classes. So they're very intelligent. And they're very narrowly focused, very brilliant people."

Literary References. She described her father as "an Archie Bunker." Regarding marriage: "It's supposed to be happily ever after." To remind her that she should "stay connected" to the other dimension, experiences happen from time to time "to validate that this is real. This isn't just something make believe."

Incongruencies, Contradictions. There were no incongruencies or contradictions that I could find, glaring or otherwise.

Self Evaluation and Comments on the Interview

(a) The intent of many of my questions was to clarify and assess the depth of the NDE which is an important aspect of analysis of aftereffects and changes that occur (Research Questions 2 and 3).

Subject Three

Subject Three is a youthful 33 year old male. His singular NDE occurred when he was 17 years old after a serious bicycle accident that almost took his life. He had the NDE while in the hospital. The Subject clearly enjoyed talking about his experience, being a center of attention, and answering all inquiries that were put to him during the interview. The interview was conducted at his office.

Subject Three is one of those NDErs who became psychic after his experience. In fact, for the last few years he has been using his psychic talents professionally doing individual readings in night clubs.

Subject Three grew up in Southern California. His parents have a mid-western regional background. He has two older and one younger sister. He is very close to all his family and has a large extended family of cousins, aunts, uncles, etc.

The NDE

Our recorded interview, which lasted for two and a half hours, began with the usual gathering of information about the NDE itself. Subject Three's NDE happened after a severe head injury resulting from a fall from his bicycle while moving at high speed. He was on his way to visit his sister in Oregon, having bicycled all the way from Orange County, when he slipped on the gravel and "slammed down" on his head. Paramedics were called and he was transported to the local hospital.

His NDE began with "the most elating, joyous feeling." "You float above your body ... I was probably about as high as the ceiling." "I'm looking down, seeing my body down there and the people around it trying to revive me," "No worries, no feeling of problems or anything. It's like the happiest type of feeling you could ever possibly dream of. And then I started going in this very white, like a bright white area," "And then I started going (blows through pursed lips) like this. My feeling...my whole self was kind a going through a ... it's called a tunnel now, but I got a tunnel feeling going down this long area. And I didn't run into any relatives or any other beings or anything, but I kind of felt senses of people's souls, you might say, or ... of people." "And then all of a sudden

you ... you're just float ... you're just like with everything, it's just like you're one in the universe," "And then I felt the TRUE God, I guess it would be. The true love and ... and true upper spiritual being come towards, you know, into my presence." "And then all of a sudden I started progressing through my life All of a sudden I started seeing ... my life going in front of me." "And then it started slowing down, and you come to a point where suddenly you have all this knowledge. They said, now you will receive ... the knowledge of the universe." "It's hard to imagine this in a time sequence ... you don't know how long the experience really was ... because in the NDE and in the life hereafter time doesn't exist." "And then all of a sudden ... do you want to go back now?" "And they said, well, there is purpose." "And then, BOOM, ... I just came out of it."

This rather long synopsis of his NDE, in his own words, shows that Subject Three had a full and complete NDE, with all the commonly-reported stages.

Tone, Mood, Voice

Subject Three was animated and extremely verbal, as though he could hardly contain himself in his excitement to be able to retell his story. His way of talking was quite difficult to follow. He seemed to ramble and jump from one subject to another and he used word groupings that didn't seem to make sense at times. Upon reading the transcript, this impression was made even more evident.

He spoke with a tone of self assurance, and his voice was the voice of authority, the expert, not only of his own experience but that of others as well. He certainly showed no doubt in his perceptions about the world and about reality. It was very interesting to listen to his ideas.

Because of time limitations, I was not able to complete my analysis of this interview. However, findings from this subject are included in the cross case analysis.

Across Cases

Answers to Research Questions:

1. What was the NDE like?

Subject One reported several NDEs, while each of the other two Subjects had only one. The nature of each subject's NDE(s) was quite different. Subject One's NDEs were limited to the first few stages: an awareness of peace and calm, out of body, and (possibly) seeing white light. Subject Two's NDE felt unreal to her, and she did not feel afraid. It did not include an out of body component. She encountered a life review, a spiritual presence that communicated with her, and the decision to return. Subject Three's NDE was a deep one, encompassing all the commonly-reported features.

Although Subject One told me that she had several NDEs, I feel that only the one which followed the drowning at age two was an NDE. The "NDEs" associated with the two car accidents I interpret as intervals of unconsciousness. Her illness-generated "NDE" was described primarily as being an altered consciousness, possibly another way of describing the delirium which sometimes accompanies a fever, which she had. Indeed, she herself questioned the validity of all but the one at two years of age. The child abuse is known to produce episodes of dissociation, especially severe abuse. Is it possible that the experience of dissociation in escape

from her abusive brother and mother set up a pattern that she would later identify as an NDE? She did say that she had multiple personalities, indicative of the distant end of the dissociative disorders scale.

Subject Two had one NDE, after a car accident, at age 19. Resuscitation was not required. Subject Three had one NDE, after falling from a bicycle, at age 17. He required intensive care in a hospital.

2. What aftereffects were there?

Moody (1975), Ring (1980), and Atwater (1988, 1994) all report that NDEs have a profound, life altering impact on the lives of experiencers. Of the three Subjects, the one that experienced the most profound, life altering impact was Subject Three. He talked of having more purpose in life and no fear of death, as did the other two subjects (Greyson, 1983; Flynn, 1982). Subject Three developed psychic ability, a result that Sutherland (1990) found in some NDErs.

Not to minimize the life altering impact on Subject Two, but she was already spiritually and metaphysically oriented prior to her NDE. This orientation has been a constructive influence and the foundation of her belief system since her early life. Her NDE, though not overtly weighed,

most likely served as further confirmation of her beliefs. Subject Two reported more acceptance of herself and others (Greyson, 1983; Flynn, 1982) and less need for approval, which is associated with a better self image (Greyson, 1983; Flynn, 1982).

Subject One's early abusive experiences complicate assessment of aftereffects from the NDE. Were the changes in her life the result of the NDE, or the result of her rise from the depths of alcoholism and devastating relationships assisted by seven years of good psychotherapy? She did return to school to train for "a socially relevant career" and be of service to others, which is reported as increased purpose in life (Greyson & Harris, 1987). She also had relationship problems as reported by Insinger (1991), but, again, were they the result of the NDE or the dysfunctional early childhood experience? The same goes for depression, sometimes an aftereffect of NDE (Ring, 1984; Atwater, 1988).

Sutherland (1990) found that NDErs place more value on life. All three subjects indicated a heightened appreciation for life. Ring's (1984) finding of value changes in NDErs was confirmed in all three subjects as

well. None of the subjects was particularly religious before their NDEs, so change in religious affiliation or emphasis was not a finding.

Subject Three reported belief in reincarnation (Sutherland, 1990).

3. What changes or adjustments occurred afterward?

Subject One describes her changed self as less driven and less concerned about appearances. Subject Three was very young at the time of the NDE, and the data did not reveal how he was before the NDE.

It is of interest that none of the subjects sought out counseling following their NDEs, instead integrating it on their own. Also, the changes in attitude do appear to last over the passage of time. There doesn't seem to be any change in their thinking regarding the NDE and its meaning. How they apply what they have learned appears to vary with the personal dynamics of the individual.

4. What were NDErs' psychotherapeutic needs?

The primary need of NDErs is to be able to express themselves when they are ready. Some NDErs need to talk about their experience immediately, other may wait for days, weeks, months, or years. They

want to talk as long as the listeners are sympathetic and understanding.

They do not want to be dismissed or have other people think they are crazy.

NDErs can help other NDErs in integrating the experience. The learning is transferable. I found that Subjects Two and Three experienced difficulty at times finding the words to adequately describe the feelings, perceptions, and components of their NDe. This "indescribability" factor appears often (Moody, 1977; Moody 1988; Atwater, 1988).

5. How can therapists be helpful?

Therapists must recognize that the NDE occurred and be willing to listen to NDErs talk about it when they are ready. They should express a lot of love and empathy for the NDEr. They should help the NDEr to integrate the NDE into their day to day life, both positive and negative aspects of it. If an accident or illness was involved, additional strain is placed on the system.

Therapists should offer to put NDErs in touch with each other. In order to do this, therapists need to educate themselves (Newsome, 1988; Walker, 1989). Consider bibliotherapy as a valuable adjunct to treatment, as reading about the experiences of other NDErs, especially for someone

who previously was not familiar with NDE. And involve others in the
NDErs family and other systems, as appropriate.

Discussion

When the NDE and its aftereffects were examined through the process of in-depth interviewing of three NDErs, several patterns of change were identified. On the basis of this analysis, researchers and clinicians are encouraged to consider the suggestions as outlined above.

Theories are temporary interpretations valued in terms of their clinical usefulness. This particular construction of the data is different from another, and therefore the understanding of the phenomenon is always unfinished.

Methodological Limitations

To be fully utilized, grounded theory method requires several reiterations of the interview process until little new information emerges (Strauss & Corbin, 1990). Because the project is expected to be completed in one semester, the number of data sources was necessarily limited. I did four interviews, three NDErs who were primary informants, and one secondary informant, the psychologist. I believe that my results were significant in terms of answering my questions with these four informants, while at the same time realizing the tentativeness of my results.

As I was doing my analysis for each subject, I realized that I didn't know enough about the subjects' background. Questions came up for me that easily could have been included in the demographic inventory which was taken at the beginning of the session. Questions about early childhood environment, relationship to individual family members, family financial status, peer relationships, school achievement, health history, recreational and leisure interests, and life milestones should be there. A demographic inventory that included these questions would have given me a better conception of them over time since childhood and added to my assessment of change since the NDE.

Process Evaluation

My first comment has to do with the challenge of managing the enormous amount of data that was obtained from my interviews. I wish I had taken McCracken's (1988) warning more seriously about "controlling the kind and amount of data without...constraining or forcing their character" (p. 12). Hindsight is cheap; hindsight is also very educational.

In the future I will know:

(1) It is important to reduce the amount of collected narrative to a manageable size. It is not necessary to transcribe every crumb of information. After listening to the tapes, the researcher should selectively and faithfully exclude passages that are not exemplary or suggestive of primary and secondary research objectives. Then look for other data that seem to reveal information that could be useful. Weed out anything that is obviously not relevant. I did not do this. I was so concerned that every word, every utterance, be put down on paper, that I fell into the trap that Creswell (1994) warns the beginning researcher against. Of course, save the tapes, and even make notations of passages that were deleted, so if a passage not transcribed is later found to be relevant, it can be edited back in. Granted this may require multiple listenings to the recorded tapes, but it is definitely worth the effort in order to get to the "meat" of things. I think I overdid the detail in the transcripts in my zealotry, albeit naive, for reporting all collected data.

(2) The problem getting the transcriptions done. It takes an enormous amount of time. I would have each interview tape(s) transcribed right away, after which I would verify accuracy by listening to the tapes myself,

and then begin steps stated in (1) above. I would start the analysis right away while still fresh. Having tapes transcribed by a professional (in my case, about half of the tapes were transcribed by a recently graduated court reporter with access to the court transcription computer program) can be expensive, but I felt it was worth the cost, especially considering time constraints.

(3) Having subjects who varied so dramatically in their NDE experience was a hindrance. I would prescreen subjects in order to have cases more exemplary of a true NDE. None of my subjects experienced the full-blown NDE. I would also prescreen for other factors (such as childhood abuse) which could alter results and conclusions.

Finally, and this is a combination of Process Evaluation and Self Evaluation,

(4) I would read the textbooks earlier in the research cycle so my conceptual framework base was clearer to me at an earlier stage. I would do a few pilot interviews, beginning earlier, to get very practiced and more succinct in my interview technique. Practice would also help in knowing the proper balance of control (so that interviews neither strayed

off the subject nor became too lengthy). My desire to establish rapport tempted me to a way of relating to subjects that was more familiar than distanced, and a less structured interview resulted. I even asked questions or made comments that during analysis seemed inappropriate. McCracken (1988) discusses the obtrusive/unobtrusive balance, the importance of distance, and the ways the questionnaire can be helpful in maintaining this difficult but critical balance.

Self Evaluation

This project was my first experience doing qualitative case study research. Overall, I am happy with the job I did in managing the project. I never lost interest in the topic, so my choice of topic was a good one for me. The goal of identifying psychotherapeutic needs of NDErs and obtaining their counsel for professionals was accomplished. My original statement of purpose was revised somewhat, as was the precise phrasing of the research questions.

The amount of work I did was considerable. I feel good about my efforts in that I was not willing to "settle" for a less ambitious project. Great pains were taken to obtain the most up-to-date articles and books for

my literature review, using services of Interlibrary Loan, as well as visits to other University libraries. Some of these resources arrived later rather than earlier, resulting in research schedule revisions. Speaking of schedule changes, my 20-hour-a-week work schedule was flexible, thank goodness, and hours were rescheduled to a later date to accommodate completion of the written report.

Another self-evaluative note: While in the process of analysis with Subject One, I remembered that I myself felt somewhat intimidated by her during the interview. She had expressed a history of attempts to intimidate her former therapist. This self-awareness was useful to me in assessing my own comfort level with future clients who may have some of the same characteristics as Subject One. I am not altogether certain what aspect of her was intimidating. She was a large, seemingly strong person, although I think it was her demeanor more than her physical size that was involved. Or, could the feeling have been countertransference in the form of sympathy for the severe abuse she suffered as an infant and young child?

Practical Implications

How could knowing something about this experience help counselors counsel NDErs and people in general? I see many applications to clinical practice.

An NDE can be perceived as a crisis or a critical incident and a parallel to the crisis intervention model can easily be made. One definition of crisis is the following: A precipitating event occurs (the NDE); the perception of this event leads to subjective distress (the aftereffects); and usual coping methods fail (unbelieving medical personnel, family members, and friends and variously successful NDEr attempts at integrating, leading to need for counseling) (Gilliland & James, 1988). Crisis can be seen as both danger (the NDEr's precipitating "death" event) and opportunity (the profound changes that take place after and NDE). One can see the obvious conceptual similarity of NDE and crisis intervention. Could some of the same techniques for helping this population be utilized?

There are implications from this study that tie in with counseling alcoholics and persons from alcoholic families. A systems approach, working with the entire family to change the reciprocal dynamic of codependency, in the case of alcoholism, is necessary. An alcoholic

needs the involvement and understanding of family members in order to heal. Attendance at Al Anon and other AA groups is very helpful. Likewise, attendance at IANDS local groups can be helpful, as is talking with and being with other NDErs in the spirit of mutual exchange of healing.

Finally, and this is the area to which this research principally applies, is counseling the dying and griever. The world's premier expert on the subject of death and dying, Elizabeth Kübler-Ross, has recognized for many years the value of the lessons from NDE in assisting individuals and family members who are dying and grieving. She emphasizes the importance of seeing the positive in the death process, detailing what we can expect at death in her book, On Life After Death (1991). She says, "The dying experience is almost identical to the experience at birth. It is birth into a different existence..." (p. 10). Identification of the re-birth of death with the re-birth theme obtained from the NDErs in this research is obvious.

Conclusions

The purpose of this study was examine NDE aftereffects on three respondents who served as the basis for this case study research, and to gather from those respondents information relative to their psychological and emotion well-being which could be clinically useful for counselors.

With regard to the issue of the credibility of the field of near-death studies that Newsome (1988) refers to, Moody (1977) extends what I think is a progressive interpretation of the issue. He says, "It seems to me that we should always be at least open to the possibility that what seem to be new phenomena are true anomalies--items or facts which just do not fit into the structure of previously articulated world views. For it is certainly just this openness to the occurrence of anomalies in our experience which has historically been one of the greatest incentives to the advancement of human understanding" (pp. 142-143).

There are many higher-level questions that arise from studying the NDE phenomenon. We could ask, why do we hear so much more about it now than we ever have before? Are people different now, more open to new ideas about life and death? Is there something in our future which will make this knowledge necessary? Is society, is the world, at a point

where changes are necessary for survival? In Jung's terms, is a shift in values of our "collective unconscious" happening? These are questions that certainly warrant discussion and further research.

Ring (1986) states that awareness of the change in consciousness and values gives cause to question the possible planetary impact of these changes, as the changes occur regardless of race, religion, nationality, or culture. Ring raises the question: "May it be that this high rate of transcendental experience collectively represents an evolutionary thrust toward higher consciousness for humanity at large?" (p. 83).

According to Newsome (1988) "maybe the higher meaning of the NDE is its contribution to the planetary paradigm shift to dissolve fear, to develop trust, to offer a plan for hope. The power of love may be what is necessary to save our future and promote universal harmony" (p. 103).

About the most exhaustively asked questions across the centuries is "what happens to us when we die?" Do we survive death in any form? Neither this research nor any other purports to answer these questions once and for all. But it is hoped that this research augments in some small way

the body of knowledge accumulating that could eventually serve us in our quest for some of these universal answers.

In the meantime, there is important work to be done while we are still "alive." Lundahl (1993) asks, "are there some basic lessons from the NDE for all people?" He believes that there are, and that "we have an obligation to share the meaning of these findings with non-NDErs and with those outside the near-death research and practitioner community" (p. 9). The lessons from NDEs, what NDEs seem to be telling us, he writes, are: "Do not fear death; Grow spiritually or religiously; Do not take life for granted; Love and serve others; Each human life has a purpose; There is an afterlife; Social position and wealth are not important; Do not take your own life; Gain knowledge" (p. 9).

Further, there are the messages that children who had NDEs were given, as reported by Morse and Perry (1990). These messages "must be important since they came to them at the point of death," Morse writes (p. 163). They are: "Love your neighbor and cherish life." "Do unto others as you would have them do unto you." "Clean up your own mess."

"Be the best you can be." "Contribute to society." "Be nice, kind, and loving."

What better way to end this paper than with those final words, inspirational and revealing, from the mouths of individuals who have glimpsed the next existence, about which we are so curious. I thank them, and I thank the participants in this study, for so generously sharing.

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