**Do children have NDEs?**
Yes. Our best research so far indicates that about 85% of children who experience cardiac arrest have an NDE. With improving cardiac resuscitation techniques, more and more children are surviving cardiac arrest. More children who have had NDEs are alive today than ever before, and the number is likely to increase because of improved resuscitative techniques.

Apparently, youngsters of any age can have an NDE. Very young children, as soon as they are able to speak, have reported NDEs they had as infants or in the process of being born.

**What types of NDEs do children have?**
PMH Atwater studied over 270 child NDErs. She found that:

* 76% reported a comforting “initial experience.” Such experiences involved up to three elements, things like a loving nothingness, a friendly voice, a visitation by a loving being, an out-of-body experience, and/or the peacefulness of either a safe light or safe dark place.
* 19% reported a pleasurable or heaven-like experience.
* 3% reported a distressing or hell-like experience.
* 2% had a “transcendent” experience in which they felt they acquired special knowledge.

Following is an example of the most commonly reported type of childhood NDE—the “initial experience.” In an episode of meningitis, a six-year-old reported being out of her body with a sense of being completely free of pain and totally surrounded by love. She reported feeling like a soul—neither boy nor girl, neither grown-up nor child. She felt a sense of absolute peace and completeness. When she looked down, she saw a girl lying in bed and empathized with her pain. On reflection, she realized she must be that girl, and with that thought, she was back in her body.

**How do children’s NDEs compare to adults’ NDEs?**
The same features reported by adult NDErs have been reported also by child NDErs. However, by comparison to adults’ NDEs, children’s NDEs:

* tend to include fewer features
* tend to be more concrete and less complex than those of adults. However, children can have complex experiences, including features such as otherworldly scenery and a life review
* more often include visitation by a deceased pet or other animal, relatives unknown to the child, and occasionally people who are alive.

**What changes typically occur in children following an NDE?**
Like adults, children often show profound changes after an NDE. Common changes include:

* altered biological patterns, such as amount of sleep, attentiveness, etc.
* increased interest in universal love rather than love of specific people
* a lessening of the parent/child bonding. The NDEr may be less demonstrative of feelings in the family.
* increased sensitivity to others’ feelings
* distress from news reports and violence on TV and in movies
* increased interest in being of service to others
* increased interest in spirituality
* develop a hunger for knowledge and anything philosophical which often leads to unusual choices of reading material for their age
* often appear much more mature than children of their own age
* difficulty relating to children of their own age
* communication with spirits, often labeled by children as angels or guides, and by parents as imaginary friends
* increased sensitivity to medications, bright light, and loud noises
* a strong desire to volunteer for charitable causes.

**Possible changes can include:**

* increased intelligence
* different ways of perceiving, including synesthesia (smelling color, seeing sounds, etc.)
* increased psychic ability
* “learning reversal” in which learning abstract concepts is easier than learning concrete details (unlike most children who learn concrete more easily than abstract.)

Unlike adults, changes in values may not be so obvious, partly because children’s values are not already well formed, and partly because they do not verbalize their values to the extent that adults do.

**What are the phases of adjustment after a childhood NDE?**
PMH Atwater has suggested that children go through five stages in the aftermath of an NDE:

* withdrawal and internal adjustment. In addition to the adjustment to the effects of the NDE, most children are also recovering from the physical illness or trauma that led to the NDE.
* realignment with friends and family; seeking ways to be of service in the world. It may be that, during this phase, up to 1/3 of the children get involved in the use of alcohol or drugs because of the discrepancy between the NDE and the reality of the world around them.
* balancing internal with external. During this time of great gain, the person is likely to develop greater self-confidence, affirm a sense of spiritual and moral values, and begin a career of service to others.
* a time of discouragement. Sensing the disparity between their values and those of the prevailing culture, the childhood NDEr can lose heart and become depressed. It is during this time that the childhood NDEr may be prone to attempt suicide.
* deep integration of the NDE. During this phase, the NDEr finds the confidence to live in the world from their own perspective that is congruent with the values of the NDE.

**How can caregivers help a childhood NDEr?**
Caregivers play a crucial role in helping a childhood NDEr cope with the aftermath of the NDE. Following are some suggestions for caregivers to use in supporting the childhood NDEr:

* If a child has experienced a cardiac arrest, be alert to the likelihood that the child had an NDE.
* Listen, listen, listen. Be prepared to hear and show receptivity if/when a child describes near-death—like features.
* Express understanding of topics that may be difficult to discuss. These can include the child’s ambivalence about returning to their body and/or the child’s communication with spirits. Trust the child’s reality, and respect the child’s confidentiality.
* GENTLY ask open-ended questions.
* Help the child discern when and with whom it is safe to talk about their NDE-related experiences.
* Anticipate changes in the child. Be prepared to guide the child through the changes and phases of adjustment.
Become knowledgeable about NDEs through reading, talking with NDErs, etc.
Be prepared to support the child’s increased interest in spirituality that may be expressed through increased church attendance, desire for prayer and grace, and desire for an altar in their room.
Expect the child to initiate deep conversations about meaning and purpose in life.
Consider encouraging the child to write and/or draw about both their NDE and adjustment process. For parents, consider keeping a journal to share with the child at a later date.
Some characteristics and ways to respond to “highly sensitive children” may be applicable to childhood NDErs (see “Recommended Resources” below).
Be alert for signs of significant difficulty adjusting after the NDE: withdrawal, depression, alcohol/drug abuse, and/or suicidal tendencies. In these cases, consider seeking professional help from a counselor knowledgeable about NDEs. Art and music therapy may be particularly helpful. If the child is age 2-10, play therapy may be especially appropriate.
Participate in volunteer activities with the child if you are their parent.
Teach them visualization techniques so that they can revisit pleasurable aspects of the NDE (without the physical circumstances that accompanied it.)

Recommended Resources
Suggested readings:

Suggested websites:
The International Association for Near-Death Studies maintains a website with many resources about all aspects of near-death experiences, including recommended readings, conferences, a message board, and local support groups. [www.iands.org](http://www.iands.org)
PMH Atwater maintains a website: [www.cinemind.com/atwater](http://www.cinemind.com/atwater)
Melvin Morse maintains a website: [http://www.melvinmorse.com/light.htm](http://www.melvinmorse.com/light.htm)

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Incorporated in Connecticut in 1981 as a 501(c)(3) non-profit organization according to Internal Revenue Service regulations, the International Association for Near-Death Studies, Inc. (IANDS) mission is to respond to needs for information and support concerning near-death and similar experiences. IANDS’ goals are:

- To encourage thoughtful exploration of all facets of near-death and similar experiences;
- To provide reliable information about such experiences to experiencers, caregivers, researchers, and the public;
- To serve as a contact point and community for people with particular interest in near-death and similar experiences.

IANDS maintains no “party line” on the interpretation of near-death or similar experiences and is open to the presentation of varying responsible points of view. The Association is committed to scholarly investigation of the NDE and to providing accurate information based on those findings.

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