If You Have Had a Near-Death or Similar Experience

Experiencer’s Guide to Psychotherapy

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An extraordinary experience, one that doesn’t fit our usual understanding of reality, such as a near-death experience (NDE), can be difficult to explain to family and friends. While some people are comfortable having such experiences, others undergo a range of post-traumatic effects. Troublesome symptoms like feeling preoccupied with the experience, intrusive thoughts and memories, vivid dreams—possibly nightmares, and difficulty concentrating are the mind’s natural ways of dealing with an experience that is not clearly understood. Even positive aftereffects can be unsettling, such as a heightened sense of meaning or connectedness to persons, literature, or events that had previously seemed commonplace; a sense of deepened spiritual or religious meaning; strong empathic sensations; or psychic experiences. When others do not share or even understand an extraordinary experience and its aftermath, those who’ve had such experiences—experiencers—may wonder, “Am I going crazy’?”

If you are an experiencer, whether or not you have people with whom you can talk, a good psychotherapist can help you gain insights and skills that will enable you to handle your extraordinary experiences more effectively. Experiencers also may benefit simply from the support of a therapist. The following guidelines can help with the process of finding a therapist and working with them.

The following material was designed to address psychotherapy in the U.S.; much, but not all, is applicable outside the U.S., and some explicitly addresses non-U.S. settings.

**Contemplating An Outcome**

The following is a list of questions you might ask yourself before you begin seeking a therapist. It is not necessary to have well-formed answers for all of these questions. They are meant to serve as a guide to help you organize your thoughts and to prepare you for the issues you will be likely to address in therapy.

**Questions to consider:**

- Why now? What is happening in your life that causes you to act on this interest at this time?
- What do you want to accomplish by going into therapy at this time? Do you have a specific goal in mind?
- In what areas of your life are you experiencing problems? Or what positive areas do you want to enhance? For example, are you having difficulty meeting goals; concentrating, building or deepening
satisfying relationships; operating from self-assurance and self-trust; to name just a few?

♦ What moods or emotions are you trying to alter? For example, you might want to move:
  • away from anxiety or fear, toward inner calm and peace;
  • away from resentment or anger toward acceptance or forgiveness;
  • away from resignation or depression toward hopefulness and engagement;
  • away from feelings of isolation, toward those of connectedness and value.

♦ How will you know when you have achieved your goals? What will be different in your life? For example, your results may look something like:
  • “I would be more effective in managing my emotions. I would be in better control of my feelings and responses.”
  • “My personal relationships would be more satisfying.”
  • “I would be able to trust myself more easily, and would therefore have less self-doubt.”
  • “I would be more effective at work and in my career.”

Giving some thought to these questions will make it easier for you to be clear about what you are looking for as you begin to consider therapy.

**What Can A Therapist Do For You?**

Psychotherapy is designed to help people enhance their sense of well-being. This improvement in the quality of life is achieved through resolving emotional, behavioral, or interpersonal problems and/or expanding existing positive attributes. An effective therapist can help you in a number of ways.

**Social Support**

Many experiencers feel very much alone; they feel that they are unable to share what has happened to them because they fear ridicule, or they fear what they might evoke in people who might believe them. At the same time, it is very difficult for some experiencers to feel mentally and emotionally alone with their experiences. In general, it is useful to have someone to talk to. For many people, having a caring, supportive listener available on a regular basis is calming and stabilizing.
**Problem Solving**

A therapist can help you work through difficulties you are having in every aspect of your daily life. Sometimes experiencers are so overwhelmed by extraordinary material that they may feel they do not have the energy to deal with more mundane problems. This is common and natural, under the circumstances. However, thinking through everyday problems with someone who understands the greater context of your life can greatly reduce your overall stress level and leave you with a better sense of control. This will make your more extraordinary experiences easier to handle.

**Coping Skills**

Most therapists can help by teaching you specific coping skills to deal with upsetting thoughts and feelings that can intrude in your daily life. Relaxation techniques, recognition of self-defeating thinking and behavior patterns, mindfulness and meditation exercises, and even forms of self-hypnosis are taught to help people develop a variety of valuable coping skills. These are the means by which people calm the body and put intrusive thoughts and feelings aside until the time is right for dealing with them.

**Hypnosis and “memory recovery”**

Some individuals feel that many aspects of their lives are stable, but that they carry unconscious material that needs attention. They may feel some anxiety and urgency in relation to this material. They often believe that this material is memory of past experience held out of consciousness due to its traumatic or unusual nature, and that knowing the “truth” will alleviate their distress. Hypnosis and similar relaxation methods are simple tools that people use to enter a relaxed, nonordinary psychological state where they can have access to internal information that is not usually available to them.

Hypnosis is the subject of a great deal of research and debate, and, in scientific circles, information recovered under hypnosis is generally judged to be less reliable than conscious memories. For example, information retrieved under hypnosis is not admissible in many courts of law. People who obtain images under hypnosis that seem to be memories often have doubts about the objective reality of these memories afterwards. Most health professionals believe that some of the images recovered under hypnosis are memories of past experience, while others are symbolic representations of important personal matters, and that it may be quite difficult to distinguish
between the two. Thus, hypnosis as a means to recover the “real truth” may prove to be quite disappointing.

However, hypnosis or another relaxation method can be effective in helping individuals come to terms with traumatic or extraordinary experiences. Hypnosis can help people gain control over their pain and their anxiety because, in hypnosis, people can gain insight through imagining and practicing new behaviors. Many people who remain unsure as to the “reality” of their experiences can use hypnosis to feel more resolved in their day-to-day living.

When it comes to changing long-term, problematic patterns of behavior in your personal or professional life, a therapist can help you examine and change various deep-seated assumptions you have about yourself, your intimate relationships, and your life by looking at the formative relationships and events that you have experienced. It is thought that by understanding the past, people can make more conscious choices about the present. Unwanted, unconscious patterns of behavior often show up in the therapeutic relationship itself, and these patterns may be recognized and become part of a therapeutic discussion, especially in “depth” approaches to psychotherapy, which are further discussed below.

The Helping Professions

Extraordinary experiences are a relatively new area for the therapeutic and healing professions. Some people find that, because of the nature of their experiences, they are most comfortable seeking assistance in the alternative healing communities. Others feel that an open-minded psychotherapist with traditional training or even training in trauma is best equipped to handle the symptoms of post-traumatic stress that some people encounter after extraordinary experiences. The initial interview and consultation guidelines discussed below, focus on choosing a psychotherapist; however, a careful interview is important before establishing any healing relationship, and the guidelines are easily adapted for interviewing any health professional.

The term “psychotherapist” is a generic title that anyone can use. People who call themselves psychotherapists represent a wide range of backgrounds, training, and expertise, and they may or may not be trained members of any of the mental health professions. The major categories of psychotherapists are described below.
**Licensure**

In general, there is no guarantee of proficiency in psychotherapy. However, individuals who received training in mental health services in established training programs at accredited institutions such as universities and institutes, who are licensed by their state to practice mental health services, and who are members of one or more psychotherapy associations and, where possible, certified by such associations—these individuals are most likely to have acquired good therapeutic skills. The following material will focus specifically on what it means for a mental health professional to be licensed.

First, it means that they have received a certain level of professional training and supervision in a major mental health discipline. They have demonstrated an acceptable level of professional competence and have passed a state or national examination in their discipline. Second, they are legally and ethically bound to specific standards of professional practice in their fields. Professional training and licensing offer important protection to the consumer, although they are not a guarantee of competence in psychotherapy.

There are gifted therapists outside the licensed professions. Some people practicing psychotherapy without a license may genuinely feel that licensure and training are inconsistent with their healing philosophies, or they may have moved to a location that has different licensure requirements from those of the state or country where they received their training. Licensing also requires the commitment of considerable financial and personal resources that are not available for all therapists immediately after schooling. The cause for concern is therapists who practice without licensure in order to dodge ethical requirements. If you are considering unlicensed therapists, it is useful to learn their reasons for choosing to practice in this way.

**Major Categories of Psychotherapists**

**Psychiatrists** are licensed physicians (M.D. or D.O.) who have completed specialty training in the practice of psychiatry. A psychiatrist is licensed to diagnose and treat mental illness and may prescribe medications, if need be. Some psychiatrists gear their practice toward medication therapy while others may specialize in psychotherapy, using special techniques of talk or dialogue to facilitate healing and growth. Most psychiatrists are also able to help persons who are in a crisis situation that does not constitute
“mental illness” per se. Neither licensure, membership in the American Psychiatric Association, nor board certification assures proficiency as a “psychotherapist”.

**Nurse Practitioners (ARNP)** like psychiatrists come to the therapy arts through the field of medicine with advanced training in mental health. Some focus on medication management, whereas others may be sensitive and skilled psychotherapists, depending on their training and work environment.

The remaining professionals receive academic rather than medical training.

**Psychologists** are trained to diagnose and treat a wide range of psychological concerns through psychotherapy, but are not qualified to prescribe medication. Psychology is a licensed profession, and the title of psychologist is controlled by state law. Those psychologists with a Ph.D. in clinical or counseling psychology, or the more clinically oriented Psy.D. degree, are the most likely to have proficiency in psychotherapy.

**Counselors** tend not to be trained to address serious psychological disorders such as psychosis but to address normal developmental challenges such as personal, interpersonal, and professional transitions and transformations. The practice of counseling, and even the title of counselor, is controlled in most states, as in the case of the LPC (Licensed Professional Counselor). Many competent counselors have a master’s degree (M.A., M.Ed., or M.S.); those with a doctorate (Ph.D. or Ed.D.) and those who are members of psychotherapy associations are more likely to have greater proficiency in psychotherapy.

**Marriage and family therapists** address the problems of couples and families and usually see those clients together in the same therapy sessions. The practice, and sometimes title, of the marriage and family therapist is controlled in many states, as in the case of the LMFT (Licensed Marriage and Family Therapist). Many competent marriage and family therapists have a master’s degree (M.A. or M.S.); those with a doctorate (Ph.D.) and those who are members of the American Association of Marriage and Family Therapists are more likely to have greater proficiency in psychotherapy.

**Social workers** may be certified or licensed by the state. Training typically consists of a two-year graduate program leading to a master’s in social work (MSW), which may or may not include training in psychotherapy. Certification (CSW, ACSW) and licensure (LCSW, LICSW) are earned through supervised postgraduate experience in providing psychotherapy.
Membership in the National Association of Social Workers does not ensure psychotherapy skills, while affiliation with a psychotherapy institute or association indicates a greater likelihood of proficiency.

**Hypnotherapists** use hypnosis in a clinical context. No organization or governmental body, such as the state, oversees training in and practice of hypnosis, and anyone can use the title of hypnotherapist. However, reputable training programs do require that their students have degrees in professions such as psychology, psychiatry, counseling, or social work. These hypnotherapists most often use hypnosis in conjunction with other methods. One type of hypnotherapist treats behavioral problems, such as smoking or obesity, usually in only a few sessions of hypnotic work. Hypnosis may also be used in the context of a longer-term therapeutic relationship to help people relax, gain insight, learn new behaviors, and access feelings and memories that have been unconscious. There are two professional hypnosis societies: The American Society of Clinical Hypnosis and the Society for Clinical and Experimental Hypnosis. Membership in either of these societies indicates the probability of greater skill as a hypnotherapist; certification as a hypnotherapist implies that the individual’s credentials have been reviewed by the certifying organization and that certain standards of clinical training in hypnosis have been met.

**Paraprofessionals.** You may encounter paraprofessionals working under the supervision of licensed professionals. Most have college degrees, though not necessarily in a mental health-related discipline. Paraprofessionals receive on-the-job training and are usually closely supervised by professional staff who ensure the quality of services. If a paraprofessional opens an independent therapy practice, there is no guarantee of supervision or quality of services. On the other hand, some paraprofessionals are gifted, empathic healers, who lack only advanced academic psychotherapeutic training.

**Alternative healers.** Many experiencers have been helped by acupuncturists, massage therapists, breath workers, energy healers, and others who have chosen to pursue alternatives to traditional medicine or psychotherapy to express their healing abilities. These healers are often trained at reputable institutes in their chosen professions and are sometimes able to provide sensitive consultation. When dealing with unlicensed practitioners, it is important to ask about their training and experience. Reputable professionals would welcome such inquiry.
**Major Psychotherapeutic Approaches**

All types of psychotherapy are practiced by members of all the professions, so it is generally not necessary to choose a therapist solely on the basis of profession. However, it may be helpful to have an understanding of the psychotherapeutic approach of anyone you are considering to be your therapist.

A number of established psychotherapeutic approaches exist. Many have names linked to their originators. “Depth” approaches involve in-depth analysis of the patient/client and tend to be long-term; these include psychoanalysis (Freudian), analytical (Jungian), and various forms of psychodynamic psychotherapy. “Brief” approaches address the resolution of specific problems and tend to be short-term; these include behavior therapy, cognitive therapy (Beck), multimodal therapy (Lazarus), rational-emotive-behavior therapy (Ellis), and reality therapy (Glasser), as well as systems-based approaches. Some approaches may be used for either depth or brevity, or can include a combination; these include existential (May, Yalom), Individual (Adler), and person-centered (Rogers), as well as transactional analysis (Berne) and its close relative, redecision therapy (Goulding). Many therapists identify themselves as “eclectic”, meaning that they combine several theories or techniques; if asked, most will identify one established approach as the foundation of their work.

The approaches named above do not include an explicitly spiritual or transpersonal component, with the exception of analytical (Jungian) psychotherapy. Less well established approaches, in which the spiritual or transpersonal dimension is core, include holotropic therapy (Grof), Integral Psychology (Wilber), and psychosynthesis (Assagioli). Even if an NDEr seeking psychotherapy cannot locate a therapist who subscribes to these more spiritually oriented approaches, one may still find a therapist who has integrated spiritual or transpersonal perspectives into their work with the more established approaches.

Therapists who affiliate with a specific religious denomination may or may not have received formal training in psychotherapy. As was stated earlier, the goal of psychotherapy is a greater sense of well-being; and, like all beliefs, religious beliefs used in particular ways have the potential either to enhance or to reduce one’s sense of well-being. Therefore, the skillful integration of religious beliefs into psychotherapy requires specific training. A therapist who is familiar with the phenomena of spiritual emergence and
spiritual emergency might be particularly equipped to address the needs of NDErs.

It is a good idea to ask a prospective psychotherapist which approach they use and to describe it to you. A psychotherapist should be able to describe their theory and techniques in terms you can understand. Because NDErs very often find that the NDE and its aftermath involve spirituality, you might ask specifically how the psychotherapist addresses spirituality in their approach, and whether they are familiar with the phenomena of spiritual emergence and emergency. Unfamiliarity with these latter phenomena need not be a deciding factor, but a psychotherapist’s familiarity with them is probably an advantage.

Financial Considerations

If you have health insurance that covers psychotherapy, it will usually cover the services of only those mental health professionals who are licensed. It is important to recognize that health insurance typically covers a very limited number of sessions, so even if you have insurance coverage, you may need to pay for part of your treatment on a fee-for-service (out of pocket) basis. In case you may need to pay for part or all of your treatment out of pocket, at the beginning of treatment you may want to ask your practitioner about their position on offering their services on a “sliding scale”. A sliding scale enables you to pay according to your ability.

It is also important to note that many insurance companies have other restrictions on their coverage, such as seeing professionals who have a contracted fee agreement with the insurance company. Often called “preferred providers”, it is important to recognize that “preferred” is a financial term and not an indication of quality or competence. Many companies may also require that you obtain pre-authorization BEFORE scheduling your initial visit with a practitioner. Some employers offer free or significantly reduced fee services through an independent and confidential “Employee Assistance Program” (EAP).

Finally, an insurance company may be willing to cover your psychotherapy only if your therapist diagnoses that you have a “mental disorder.” During the first session, discuss with your therapist whether you meet the criteria for a coverable disorder and the possible influence that reporting such a diagnosis might have on your future insurability.

For all of the above reasons, it is important that you check with the Human Resources Department at your work as well as read “the fine
print” of your health insurance benefit policy before making your first appointment.

**Finding The Right Therapist**

**Identifying Potential Therapists**

One source of potential therapists is word-of-mouth. Knowing that someone you trust has had a good experience with a therapist might indicate that you, too, would benefit from working with that therapist. Another source for identifying potential therapists is your local phone book Yellow Pages. Some of the more likely listings are:

- Psychotherapists
- Psychologists
- Counselors - Human Relations
- Counselors - Personal
- Marriage, Family, Child, and Individual Counselors
- Physicians & Surgeons, MD - Psychiatry

Yet another source is professional organizations that may be able to provide you with a listing of its members in your geographic area. Such organizations include:

- American Counseling Association: 703-823-9800
- American Association for Marriage and Family Therapy: 202-452-0109
- American Psychiatric Association: 888-357-7924

An additional source is the Center for Psychological & Spiritual Health (415-575-6299) that lists licensed mental health professionals who have a particular interest, and possibly expertise, in working with clients with spiritually related experiences and concerns. The center may be able to provide you with the name(s) of the therapist(s) from their referral list who are located closest to you, both inside and outside the U.S. In Canada, the Spiritual Emergence Service (604-687-4655) performs a similar service. Finally, the Association for Transpersonal Psychology (415-561-3382) maintains an ATP Directory of Professional Members. Transpersonal psychology addresses intuitive, paranormal, and mystical experiences, including near-death experiences. By reviewing the Directory,
psychotherapists with a transpersonal approach can be identified both from the U.S. and outside it.

**Initial Contact by Telephone**

It is a good idea to plan to have an initial conversation by phone with each of at least three therapists who in some way meet your broadest qualifications. If you start out with a number of options, you are less likely to feel compelled to pursue a relationship during your first conversation just because you have already spoken with that person. In your initial conversation with a therapist, you will want to assess your compatibility with them as you find out how they respond in three areas: compatibility, credentials and services and contractual arrangements.

**Compatibility**

There are many different kinds of therapy, and there are many different kinds of therapists. The most important part of the healing process is the relationship between you and your therapist. Aspects of a good healing relationship include the following:

- The relationship helps you feel more empowered in accomplishing what you want to accomplish.
- The therapist helps you to accept and understand your thoughts and feelings without shame or blame, while helping you to take responsibility for your actions.
- You are able to talk to the therapist about anything in the relationship that is problematic, so that a solution may be found, even if the solution is that the therapist is not the right one to assist you.

Even in a relatively brief telephone contact with a potential therapist, you will get some initial sense of what it is like to interact with them, and whether or not you could work with them. As you talk with them, assess how safe you feel to disclose yourself to them and how confident you feel about their competence as a therapist. Note your impressions—both first impressions and cumulative ones—and give them credence.

**Credentials**

During the initial phone call, explain that you are considering therapy and want to ask about their professional qualifications before making an appointment. You can eliminate a therapist who refuses to answer or who will provide this information only if you make a paid appointment—an
exensive way to get public information to which you are entitled.

When discussing credentials, if you are considering a counselor, therapist, or healer outside the licensed professions, there are several questions you should ask:

- Why have they chosen to forego licensure?
- What skills and competencies do they have that could be helpful?
- What kind of training have they had? How much of that was supervised training? Have they graduated from a training program?
- How much experience have they had?

Your intuitive sense of the therapist’s integrity is more important than their credentials; your sense of how they handle these basic questions may be more revealing than the actual answers they provide.

**Services and Contractual Arrangements**

If you feel comfortable pursuing the conversation further with a therapist after learning about their credentials, you will want to learn if their services suit your needs. Without going into every detail, let the therapist know the nature of the problem or issue for which you are seeking help. Would they be interested in addressing this issue with you? Are they accepting new clients? What is their general approach to helping people? The answers should be something you can understand and relate to.

Other things you may want to know about a therapist before scheduling a consultation: How soon could you be seen? Would sessions be on a regular basis? What hours are available? What is the fee? If you have medical insurance, will your particular policy cover the services this therapist provides?

**The Office Consultation**

If you feel comfortable at the end of an initial telephone conversation, make an appointment for an office consultation. Although some therapists do not charge for the first meeting unless you decide to pursue therapy with them, it is customary for a therapist to charge for a consultation, because they are providing a professional assessment of your situation and formulating an approach to working with you.

The consultation is where you will get the most important information you need about a therapist’s competence and suitability, and where they will determine whether they can be of help to you. A consultation gives you and the therapist a chance to “size up each other”, and you should feel free to
ask questions. Much of what goes on will happen between the lines: your impressions of each other, your sense of compatibility and rapport, your sense of whether you seem able to communicate and understand each other, and whether you agree or disagree on important matters.

By the end of your consultation, you should have covered these important areas:

- defining your problem and your goals
- the therapist’s view of your problem
- if you have been in therapy before, what worked well and what did not, and how this therapist would work with you
- any further contractual arrangements (including issues of confidentiality, how often you will meet, how long each session will be, when and how you will be expected to pay, and how missed appointments will be handled).

The most careful professionals summarize this material in a document, such as a Professional Disclosure/Informed Consent form, that the therapist may ask you to co-sign with them to show your understanding of the nature of the psychotherapy process.

It is also important to ask what the therapist thinks about near-death experiences. An honest “I don’t know what to think” is often a good place to begin. They should express an attitude that honors at least the subjective reality of the experience and that shows a willingness to explore the meaning of the experience for you. The extraordinary nature of these experiences should not catch the therapist unawares. Understanding how they think about this issue may influence your decision to work with them.

A single meeting may be enough to obtain the information you need to form a definite impression—especially if your impression is negative. You may need more than one meeting to feel comfortable making a commitment to work with the therapist. Consulting more than once with a therapist before making up your mind is a good practice if you are uncertain after the first meeting; unfortunately, financial limitations do not always make this possible. Getting answers to the questions listed above will help you make the most of your initial visit. Overall, you should get the impression that this is a warm, empathic, respectful person who is capable of helping you. If you do not sense these qualities, then this is probably not the therapist for you. A therapeutic relationship based on these qualities will help you to enrich your life in the most important and meaningful ways.
A Final Note

Seeking psychotherapeutic help may feel a little overwhelming at first, particularly if you already are experiencing many pressures in your life. However, you can use this to your advantage, because a therapist who can help you feel comfortable under these circumstances is likely to be useful to you in the long run. Remember that there are many therapists out there, and you have choice. Choosing someone with whom you feel comfortable discussing difficult issues is the most important aspect of building a therapeutic relationship. Keep in mind that you are the consumer, and the therapist is working for you.

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*Other potentially useful books include:*


If you found this brochure helpful and would like to help others have access to such information, you can support IANDS through

✦ ongoing membership
✦ donations of money, and/or
✦ donations of your time and talents.

Please use the contact information that appears or this brochure.
Incorporated in Connecticut in 1981 as a 501(c)(3) non-profit organization according to Internal Revenue Service regulations, the mission of the International Association for Near-Death Studies, Inc. is to respond to the 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.