



IANDS  
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Dear Health Care Team,

The International Association for Near-Death Studies (IANDS) has been contacted on behalf of one of your patients who reported having had a near-death experience (NDE) or similar, near-death-like experience (NDLE). The ultimate purpose of this friendly letter is to enhance doctor-patient rapport by providing you, the healthcare professional, with accurate scientific information about near-death phenomena. IANDS is a non-profit educational organization committed to scientific research on, dissemination of accurate information about, and personal support to persons experiencing or involved with, NDEs.

A definition of an NDE is a lucid experience of perceived consciousness separate from the physical body, occurring at the time of actual or threatened imminent death. NDEs and NDLEs have been reported throughout recorded history and across cultures under various names and belief traditions. These events first gained the serious attention of Western medical researchers following the 1975 publication of *Life After Life* by a respected American psychiatrist, Dr. Raymond Moody. His work delineated the common features of the experience and presented multiple case reports from persons who clearly were neither delusional nor psychiatrically impaired. His findings have been corroborated by numerous scientific studies over the past four decades, as reported by University of Virginia psychiatrist, Dr. Bruce Greyson (2014).

A 1993 Gallup Poll estimated that 12 to 15 million Americans had personally experienced an NDE. A review of three decades of both retrospective and prospective research established an NDE incidence rate of 10-20% of survivors of a close brush with death (Zingrone & Alvarado, 2009). NDEs have been documented to occur equally in people of every demographic, including both sexes and all ages, levels of education, cultures, and belief systems (Holden et al., 2009).

Consistent components of NDEs have been well documented (Zingrone & Alvarado, 2009). These components include, but are not limited to: (a) overwhelming peace and calm in anticipation of death; (b) perception of the material world from a position outside the physical body, which usually includes the vicinity of the physical body but can include locations distant from the body; and/or (c) perception and interaction with a trans-material domain that can include otherworldly environments, beings such as deceased loved ones and/or spiritual/religious figures, and/or a life review. During

NDEs, time may pass faster or slower or may lose all meaning. NDEs end with the experiencer choosing or being commanded to return to, or just suddenly being back in, one's physical body.

Although most NDEs are pleasant, a small percentage are distressing, that is, dominated by feelings such as fear, isolation, or torment (Bush, 2009). Both pleasant and distressing NDEs have potentially very constructive aftermaths in experiencers' (NDErs') lives, especially if caregivers—health care professionals, family, and friends—respond constructively to the NDEr (Foster et al., 2009; Noyes et al., 2009).

Initially, NDErs may be excited to share their experiences; often, this sharing is with a nurse or other trusted member of the healthcare team. How that healthcare provider responds is critical to the patient's wellbeing. In one study of 88 near-death experiencers reporting on 188 of their most memorable experiences disclosing their NDEs to healthcare providers (Holden et al., 2014), in 1/5 of those experiences the NDEr felt harmed by the provider's response.

The harm took four forms, in which the healthcare provider (a) failed to recognize that their patient was describing an NDE; (b) discounted the patient's account as not possibly real; (c) diagnosed the patient with a mental disorder on the basis of the NDE disclosure alone, and/or (d) demonized the NDE or NDEr as somehow "evil." Although research over the past four decades has clearly indicated that none of these responses is empirically warranted, NDErs whose experiences had occurred in the early 2000s were as likely to report harm as those whose experiences had occurred in the mid-1900s. Thus, regarding response to NDE disclosure, contemporary healthcare providers may be unaware of NDE research and, therefore, vulnerable to violating their primary ethic to do no harm. When such harm occurs, experiencers are likely to feel confused, isolated, and silenced about what, typically, is the most profound experience of their life (Greyson, 1997). This outcome is harmful because the NDE's apparent potential to advance the NDEr's psychospiritual development has been thwarted.

If your patient had an NDE, your role in helping the patient integrate the experience into their subsequent life is crucial. One important step is to ask open-ended questions with an attitude of openness and curiosity ("I see you've recently been through a medical emergency. What do you remember from it? I'm interested to hear as much as you want to share."). If the patient indicates a possible NDE, invite but do not force detailed disclosure. Some professionals may believe the NDE is just a phenomenon of brain chemistry in the process of cellular death. However, it is more helpful to a patient's welfare for the professional to set aside personal beliefs and to accept that the patient is entitled to explore and learn from their own subjective experience. You can facilitate this constructive developmental process by refraining from telling the patient what you believe the experience means and, instead, encouraging your patient to process what the experience means to them.

More information is available through our website at [www.iands.org](http://www.iands.org), including:

- A free downloadable brochure, "Caring for the Near-Death Experiencer: Considerations for Caregivers" (<https://iands.org/resources/support-for-others/considerations-for-caregivers.html>), and

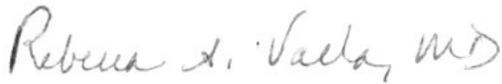
- A video available for purchase, "Near-Death Experiences: What Healthcare Professionals Need to Know" (<https://iands.org/resources/media-resources/front-page-news/969-nde-training-video-on-sale-september-10.html>).

Alternatively, please feel free to contact our office with your questions or concerns.

Sincerely,



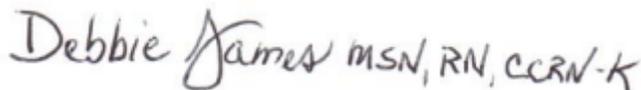
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## References

- Bush, N. E. (2009). Distressing Western near-death experiences: Finding a way through the abyss. In J. M. Holden, B. Greyson, & D. James (Eds.), *The handbook of near-death experiences: Thirty years of investigation* (pp. 63–86). Praeger/ABC-CLIO.
- Foster, R. D., James, D., & Holden, J. M. (2009). Practical applications of research on near-death experiences. In J. M. Holden, B. Greyson, & D. James (Eds.), *The handbook of near-death experiences: Thirty years of investigation* (pp. 235–258). Praeger/ABC-CLIO.
- Greyson, B. (1997). The near-death experience as a focus of clinical attention. *Journal of Nervous and Mental Disease*, 185(5), 327–334.
- Greyson, B. (2014). Near-death experiences. In E. Cardeña, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (2<sup>nd</sup> ed., pp. 333–367). American Psychological Association.
- Holden, J. M., Kinsey, L., & Moore, T. R. (2014). Disclosing near-death experiences to healthcare providers and nonprofessionals. *Spirituality in Clinical Practice*, 1(4), 278–287.
- Holden, J. M., Long, J., & MacLurg, B. J. (2009). Characteristics of Western Near-Death Experiencers. In J. M. Holden, B. Greyson, & D. James (Eds.), *The handbook of near-death experiences: Thirty years of investigation* (pp. 109–133). Praeger/ABC-CLIO.
- Moody, R. (1975). *Life after life*. Bantam.
- Noyes, R. Jr., Fenwick, P., Holden, J. M., & Christian, S. R. (2009). Aftereffects of pleasurable Western adult near-death experiences. In J. M. Holden, B. Greyson, & D. James (Eds.), *The handbook of near-death experiences: Thirty years of investigation* (pp. 41–62). Praeger/ABC-CLIO.
- Zingrone, N. L., & Alvarado, C. S. (2009). Pleasurable Western adult near-death experiences: Features, circumstances, and incidence. In J. M. Holden, B. Greyson, & D. James (Eds.), *The handbook of near-death experiences: Thirty years of investigation* (pp. 17–40). Praeger/ABC-CLIO.