



VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

HEALTHCARE AFTER A NEAR-DEATH EXPERIENCE





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Introduction

Reanimated: Navigating Life After a Near-Death Experience

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Abstract. This symposium includes twelve personal narratives from individuals who have had a near-death experience (NDE) in medical or surgical settings. It also includes three commentaries on these narratives by experts in NDEs, healthcare ethics, spiritual counseling, and chaplaincy. The stories and commentaries highlight how healthcare workers' reactions to NDEs may have long-term positive or negative effects on patients and their families. The symposium identifies gaps in care and provides a road map for nonjudgmental and supportive responses to NDEs.

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Key Words. Bioethics, Personal Narratives, Near-Death Experience, Medical Ethics, Medicine and Religion

Introduction

A recent article by John Hagan III, editor of *Missouri Medicine*, begins as follows:

Imagine a medical syndrome affecting as many as 20% of people who are resuscitated after almost dying in a medical or surgical setting. Realize that this means that as many as 8 million to 20 million Americans have experienced the syndrome. Understand that the syndrome itself is easy to diagnose and treat, but improper diagnosis and treatment may cause lifelong adverse physical and mental health problems. Know too, that physicians receive no training whatsoever on this syndrome (2018).

Hagan was referring to near-death experiences (NDEs). NDEs have been studied since at least the 1970s, when Raymond Moody published his book *Life after Life*, based on research with 150 patients who reported NDEs (1975). NDEs may occur when patients are "clinically dead," that is, when they have lost circulation, respiration, meaningful electrical brain activity, and normally, would have lost consciousness. Common elements of NDEs include experiencing peace and a separation of consciousness from the body, entering into darkness, then seeing intense light (often also experiencing a feeling of intense love, perceiving a deity, or seeing

deceased loved ones), and returning to life following resuscitation (Greyson, 2000).

These common elements are present in NDEs reported by people of different ages, cultures, and religious persuasions (including none) (Greyson, 2000). Some people reporting NDEs also appear to provide accurate descriptions of the environment and events that occurred while they were “unconscious,” with eyes closed, and with no respiration or circulation (Parnia & Fenwick, 2002; Ring & Lawrence, 1993; Sabom, 1982). These are frequently called “veridical” NDEs. Following NDEs, most people report losing their fear of death (Greyson, 2000). They view their NDE as one of the—or the—most important event in their life, and often change the way that they live (French, 2005). Though many reductionistic explanations have been proffered, NDEs appear very difficult to explain in terms of typical psychological or neurological mechanisms (Fenwick, 1997; French, 2005). The Near-Death Experience Research Foundation has curated over 4,000 NDEs with stories told in 23 different languages (Near-Death Experience Research Foundation, 2019).

If these stories are so well documented, why do we need a narrative symposium on NDEs? Given how NDEs occur, nearly everyone who experiences an NDE is a patient—someone receiving healthcare or in urgent need of resuscitation. NDEs bring individuals into contact with healthcare workers, who are typically the first people to speak with them following an NDE. As Hagan (2018) notes, healthcare workers receive little education about NDEs, and how healthcare workers respond to a patient’s report of an NDE can affect the patient’s wellbeing either positively or negatively, impacting their long-term physical, mental, and even interpersonal life (Schwaninger, Eisenberg, Schechtman, & Weiss, 2002).

In their commentary article for this symposium, Lilia Samoilo and Diane Corcoran (2020) describe a gap of care for patients who experience an NDE. A gap of care is experienced when self-reports are “ignored, disregarded as non-factual or misdiagnosed as a hallucination due to post-traumatic stress (PTS), hypoxia, a negative reaction to drugs,

anesthesia or mental illness, causing them to lose confidence in expressing their NDE, for fear of stigma.”

The gap of care also includes the absence of “education and support for the patient and family” (Samoilo & Corcoran, 2020). The dimension of care for family is perhaps as important as care for the patient because NDEs often change people for the rest of their lives. Imagine living with someone who suddenly and steadfastly had a reduced fear of death and diminished interest in material things, as well as an increased interest in altruism (e.g., giving things away to others) and nature. While some people might find this very attractive, others find it incredibly weird and disruptive to their lives. Even more people would feel hurt if their loved one seemed disappointed or even depressed to have been resuscitated (Bush, 1991; Greyson, 1997). NDEs present an important, and largely ignored, issue for patient care and healthcare ethics.

The Call for Stories

For this narrative symposium, we sought stories from individuals who had NDEs. Authors were asked to consider the following questions:

- How would you describe your NDE? How do you make sense of it?
- Did you tell any healthcare workers about your NDE? If so, how did they respond? What was helpful? What was unhelpful?
- Who else did you discuss the experience with, and how did they react?
- What advice do you have for individuals who experience an NDE, or for family members and healthcare workers who want to support someone who had an NDE?

The editors of *Narrative Inquiry in Bioethics* (NIB) published the Call for Stories through the NIB newsletter, the NIB Website (nibjournal.org), and NIB’s Facebook page, LinkedIn and Twitter accounts. The editors distributed it throughout the bioethics community using the American Society for Bioethics and Humanities (ASBH) and Medical College of Wisconsin (MCW) listservs. Many people helped us to distribute the call within the NDE community. We reached out to the contributors of John Hagan’s book, “The Science of Near-Death

Experiences,” and asked those authors to help us distribute the call. Jan Holden, one of the authors in Dr. Hagen’s book put us in contact with the International Association for Near-Death Studies (IANDS). IANDS posted our call on their website, and several individuals distributed the call within their extensive personal networks: Terri Daniel of the Afterlife Conference, Jeffrey Olsen a World Ambassador for IANDS, and Lilia Samoilo a consultant and NDE counselor.

We received 18 stories: Twelve appear in the print edition and are the focus of the commentary articles; six additional stories have been published online only. While many collections of NDE stories exist, this collection of stories and commentaries focuses on something relatively unique: How healthcare workers can best support patients who have an NDE.

The Narratives

The stories in this symposium help to explain the difficulty that scientifically-minded people often have with NDE accounts. Most people who share their story also interpret their story. One storyteller refers to her “soul” seeing what happened in the operating room; another says that she wanted to stay with Jesus. Such interpretations of experience may make it difficult to believe any aspect of the stories for individuals who don’t believe in a soul or that Jesus lives today. Second, some of the storytellers go on to refer to other unusual experiences, such as UFO sightings—things that most people view with great suspicion. Of course, none of this changes the fact that veridical NDEs have been described by individuals with no history of mental illness, and that approximately 20% of patients who experience cardiac arrest and resuscitation in a medical setting report an NDE when they are asked (Hagan III, 2018).

Many of the individuals who related NDEs also have difficulty making sense of them. They face not only the challenge of reconciling them with their own scientific understanding of the world, but also with their own religious convictions: one storyteller reports that he never believed in God before

his NDE, and another reports that the experience of a loving presence did not jibe with her Roman Catholic view of God. Although interpretations of NDEs often incorporate religious elements, the experiences themselves appear to be quite independent of religion. Perhaps a key lesson from these stories is that we do not need to be able to explain a phenomenon in order to accept its existence; in fact, we only begin seeking to understand a thing when we first accept the existence of the thing. Patients do not necessarily expect healthcare workers to understand and explain NDEs, but rather to validate that such experiences occur and to offer appropriate follow-up care as needed.

The Commentaries

This symposium includes three expert commentaries, one co-authored. The commentaries draw out themes and lessons learned from the narratives. The commentary authors are experts in the fields of counseling, nursing, ministry, bioethics and medicine.

Diane Corcoran, RN, PhD, COL (Ret), has fifty years of studying, lecturing, and teaching in the field of Near-Death Experiences. She is President Emeritus, past president, and has been a member of the board of directors of the International Association for Near-Death Studies (IANDS) for the past forty years. She is the international pioneer on Near-Death Experiences in combat, beginning with her observations in Vietnam in 1969. Dr. Corcoran co-wrote her commentary, “Closing the Medical Gap of Care for Patients Who Have Had a Near-Death Experience” with Lilia Samoilo.

Lilia Samoilo, BS, has been a Mental Health and Spiritual Counselor for over 35 years. She is a Minister and a Veteran NDE Advocate and Educator who coined the phrase “The Gap of Care for NDE Patients.” Ms. Samoilo has spent years raising awareness all over the world among medical professionals and clergy about specific ways to close the Gap. Ms. Samoilo is Dr. Corcoran’s associate and works on her Veterans NDE Project. She assists the International Association for Near-Death Studies (IANDS) with consulting and NDE counseling

services for combat soldiers and veterans. Lilia has had both a childhood and adult NDE.

Jeffrey P. Bishop, MD, PhD is a physician, philosopher, bioethicist, and Tenet Endowed Chair in Health Care Ethics at Saint Louis University. Dr. Bishop frequently writes on topics in healthcare that involve a significant existential or religious component. His commentary, “At the Edge of Everydayness,” focuses on how NDEs challenge the beliefs and perspectives of doctors and healthcare providers.

The *Rev. Betty M. Glover, MSW, M.Div.*, is an ordained minister in the Episcopal Church. Rev. Glover is currently the rector at St. Matthew’s Episcopal Church in Fairbanks, Alaska, and a former hospital and police chaplain. Her commentary, “Spiritual Care Providers as Full Partners in Whole-System Interventions,” explores the art of listening compassionately to a person’s experience, even when that experience challenges the listener’s own beliefs.

Conclusion

If there is one clear lesson from this narrative symposium, it is that discounting near-death experiences—or encouraging patients to be silent about their experiences—can cause harm. Patients want to be listened to without judgment. They don’t expect others to understand what happened, but want others to believe that they really had an experience. Additionally, they and their loved ones may require significant support and counseling, not with the aim of finally accepting an NDE as illusory, but of processing the experience and its long-lasting effects.

Much of this was arguably known prior to the publication of these narratives. Yet learning these lessons through the lens of stories from people who have suffered and grown through their experiences—their NDEs and experiences with healthcare professionals—is a much more powerful agent of change than merely reading statistics from studies involving patients.

We have additionally published six stories online only. These stories round out the collection

by illustrating new contexts for NDEs, including during early childhood, during service in the military, and following a nearly fatal accident without clinical death—a so-called “near-death-like experience.”

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Personal Narratives

Intuition Told Me I Would Die. No One Believed It Would Save My Life

Stephanie Arnold

Pregnant with our second child, I had chilling, detailed visions I would die giving birth. Those visions consisted of how it would happen, including hemorrhage—my placenta and my uterus would flow together like a lava lamp, I would need a hysterectomy, the baby would be fine, I would be cut from sternum to pelvis, and I would lay dead on the operating table.

I told everyone.

I spoke to every nurse, doctor, and specialist I could find at the hospital where I would give birth. Every visit, I would repeat the images in my head. It was as if everyone was seeing an open road, and I saw a big freight truck headed straight towards me, about to hit me dead on. No one could see it or feel it coming, but I did.

At one point, I sought out a gynecological oncologist about being prepared for a hysterectomy during delivery. Everyone thought I was crazy, hormonal, did too much internet research and was acting paranoid. In their defense, all of my tests, including an MRI to determine if there was a merger between the placenta and uterus (i.e., Placenta Accreta) came back negative.

I explained, “this isn’t my first time at the rodeo.” I had had a baby before, and this wasn’t the fear of the unknown. This is a *knowing*. I had a career as a live TV producer, with more stress and testosterone around me than carrying this baby boy inside of me. And *yes, I have been on the internet*, because I research and can separate the hypothetical from reality.

I’d lay awake at night, sharing every detail of my visions with my analytical, logical Ph.D. (U of Chicago) economist husband, but he would always come back with “the data doesn’t show any of this happening.”

I’d try to keep calm, quietly convincing myself that maybe this wasn’t real. But my intuition was yelling, “*This is going to happen!*”

I took to Facebook and posted that I’d be needing a lot of blood for my rare blood type (O-Neg). I sent “goodbye letters” explaining exactly what would happen in a month.

Every doctor visit for the following weeks would always start with, “Are you still having the visions?” And would end the same way: “Maybe you need more rest.”

At one point, I was out for a winter stroll with my two-year-old, and I noticed the fountain and talked to her about how, when it is spring, it will be flowing. In my mind’s eye, the water turned to blood, and I felt my body hemorrhage instantly. I raced to the ER and was triaged. The doctor asked, “Are you ok, Mrs. Arnold?” I said, “Um, no . . . as you can see, I am hemorrhaging and afraid for myself and the baby.” He looked at me and my husband, perplexed, “No, you are not. Everything is fine. Baby is fine, you are fine.” My husband said, “I guess it’s just a false alarm.”

In that moment, I was shaken . . . it was a warning.

The day I gave birth, my husband was in New York. I delivered a healthy boy. Seconds later, I was clinically dead. *Exactly* the way I said I would be.

I had an amniotic fluid embolism, a rare pregnancy complication where amniotic cells get into the mother’s bloodstream. If you happen to be allergic to it, you go into anaphylactic shock, and most women do not make it. I survived for one reason. I spoke up and, eventually, one person heard.

I flatlined for only 37 seconds. Why? Because there was something in the OR I did not predict. In one of my consultations leading up to my delivery, I spoke with an anesthesiologist who was concerned she couldn’t calm me down. She later told me, “I had never had a patient speak so clearly about what was going to happen, who had delivered a baby before, and sought out specialists to save her life.” And with that, unbeknownst to me, she flagged my file and incorporated extra blood and a crash cart in the OR.

And I needed it.

I went into full DIC—disseminated intravascular coagulation, a condition in which blood clots form throughout the body and block small blood vessels. I required 60 units of O-neg blood. I experienced

a heart attack, kidney failure, hysterectomy, and was placed into a medically-induced coma. Later, the pathology on the uterus showed an accreta had started to form, but where it was located, the MRI couldn't pick it up.

Recovering was incredibly difficult. Especially after I kept telling the doctors, "*I told you so!*" I had physical therapy and traditional psychological therapy. But at some point, none of it was working. I kept asking the therapists, "How is it that I saw everything months before it happened?" No one could help me. So I turned to hypnotherapy. I videotaped my therapy.

What came through in those 30 hours of sessions was my ability to see what happened in the operating room *after* I flatlined, my eyes were taped shut, and I was intubated. I saw who hit the button for the code, and which nurse jumped on my chest to give me CPR. My anesthesiologist was by my feet. I saw what was happening down the hall. The first crash cart didn't work, but the second one did. My OB kept saying, "*This can't be happening!*" And my OB didn't deliver my baby, the resident in my Gyn/Onc consultation did. And it all felt *so real*, but how real could it be?

It was probably made up in my head.

My husband could only stand to watch 10 seconds of the video and then said, "How do you know this isn't a recalled episode of *Grey's Anatomy* in your head?" I agreed.

I have witnesses. And I have this on tape. And my analytical husband said, "If you want to know if it is true, let's find out."

I showed the tapes to those who were present that fateful day. And they confirmed what I saw was actually what happened. I asked my OB, "Did you say, 'This can't be happening?'" She said, "I did, but in my head!"

One doctor said, "You shouldn't know any of this. Your eyes were taped shut. You had no heart-beat or pulse. You were technically there, but not conscious. It calls into question everything I've learned in medical school."

Another said, "I can't give you a medical reason how you saw everything before it hit or what you saw afterward. I think you need to go spiritual on this one."

I explained how my soul saw everyone working so diligently to save my life, but no one was talking to *me*. They were working feverishly on the body, but I was still around. My soul was seeing everything. My doctors were very upset about this, as they felt they have always been compassionate people, but have learned maybe the soul does live outside of the body when death, even briefly, occurs.

My advice to others who also have survived something so traumatizing is to talk about it—openly. There will always be naysayers and people who judge you. But there will be some who listen, are compassionate, and believe you. They will learn from your experience and be able to help others who have an NDE in the future.

The more I speak in front of people who work in hospitals and institutions, the more I hear about their own experiences with intuition, things they have seen or felt before someone flatlines, and how many of them truly believe in life after death. It has been overwhelming. Many don't want to discuss it in public because *they* don't want to be judged by their peers. The funny thing is, if they do discuss it, they will see just how many of their colleagues believe. They are also doing a disservice to their students and residents. People who inherently believe in the spiritual world, or who have experienced certain unexplainable events in their past, and are having to compartmentalize it for the sake of not being judged.

My anesthesiologist said, "I'm a spiritual person, always have been. It isn't something I learned in medical school, and it isn't something I need to advertise. But I find it has helped me in my career." Indeed, it has. She was the only one to hear what was going on in between the data. The day I went in to give birth, she said to her colleagues before I delivered my baby, "I have a bad feeling about this." And her gut, like mine, was right. Does it matter from where it comes? I don't think we will ever know *how* this all happens as long as we all are listening to it.

Medical professionals: you would do your patients a great service by acknowledging their concerns and validating them. You can do this not just by listening to them, but also by sharing your

beliefs or your own questioning of whether medical science has all the answers regarding consciousness after clinical death.

I am acutely aware you cannot prepare every OR with the extra blood and crash cart for every patient who starts talking about their fears. However, *you* have your own intuition and know your patients and their histories. In looking back at my case, my doctors have known me for a decade. They have known me to be a rational, non-histrionic person. This was out of character for me. It should have waved a red flag, but they missed it. And had I known my file had been flagged, I would have been calmer going into the delivery. Listening to your patients and actually hearing what they are saying will go a long way in their healing.

Just because the sixth sense cannot fit into one of the five other categories hardly means it does not exist. For your patients, both future and past, please, if you feel that science cannot explain the miracles you have witnessed, or it isn't logical that your patient knows something the data is not showing, have an open mind as to what fits inside a nice little neat box and what fits outside of it. Thinking outside of the box is what saved my life.

The more patients and doctors talk about intuition without fear of being judged, the more we normalize it and create a safe space for others to be open about their experiences.

Astounded and affected by this experience we all shared, and to their credit, my doctors have changed the way they practice medicine. They listen to their patients a little more than they used to, and they don't brush off "premonitions" or their own intuition if they feel something might be off.

I am humbled, honored, and beyond lucky to have survived. An amniotic fluid embolism is rare and even rarer to survive as well as I did. My second chance has given me a greater appreciation for life, and I will continue to spread my message of "If you SENSE it, SAY it" for as long as I live this next time around. My book, *37 Seconds* (HarperCollins), has become a teaching tool in the medical community. I am grateful not only for the ability to keep sharing our story, as it will help save lives but also for the doctor who took me seriously.

My family thanks you.

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The Place in Between

Kim Elizabeth Herschaft

I was 31 years old, living on a military base in Florida. My husband was underway on a Coast Guard cutter off the coast of Cuba. Aside from my two children, ages 9 & 4 years old, I had no family around me. When my husband left, I had been fighting a sinus infection and wasn't responding to antibiotics. I would later learn I had meningococemia.

I felt like I fell back into my body on a table in the emergency room with a medic on top of me pumping my chest, screaming my name, "breathe Kim, breathe!" They had a bag on my face, and another person was cutting off my clothes. I was aware I wasn't breathing, and I was okay with it because I didn't feel pain anymore. I was so pissed to be back in my body with the excruciating pain. I wanted to push him off me! Then I was gone again. There was a lot of darkness. I was sitting behind a cinder block wall, staring at it, trying to figure out where to go, waiting for some kind of light or opening. I saw others with me sitting, waiting. They all had something seriously wrong with them. We were all there in that darkness waiting. I heard voices saying, "I don't know who you are, but I love you." I heard this over and over. I later learned that people from all over the country were having prayer circles for me. I saw my husband with his head buried in his hands, he was sad. I didn't understand why. My children were wandering around looking for me, crying, and I wanted to go to them, but I couldn't. I saw what appeared

to be angels waving me to come with them, I told them I was going to wait right here. I heard voices saying, “don’t go with them, they’re not what they seem.” I wanted to break through that wall. I kept saying I have to wait right here. A man came to visit, and I couldn’t see his face. He had his hands in his pockets, talking to my husband, who had his head in his hands, ignoring the man. The man said, “I’ve come to tell you that your grandfather is tired and it’s time, he’s going now and wants you to know it’s okay.” I thought, how rude, he’s ignoring this man. I knew his grandfather passed away while I was in that coma. No one spoke of it in my room, but when I woke up, the first thing I told my husband was sorry about his Pap’s passing, and he looked at me like he saw a ghost. He said, “how would you know that!?” I said the man came to tell you he was leaving and you ignored him. He never saw that man, and that conversation never took place in my room. I was then told that I had been transferred to a teaching hospital in Gainesville, Florida. My admitting diagnosis was liver and kidney failure, (I was put on the transplant list), Disseminated Intravascular Coagulation (DIC), and septic shock. I had received 8 blood transfusions and potentially faced amputation of my feet. I had a very long road ahead of me, and I was told it was a miracle I survived at all.

After my NDE, I had an immense need to talk about it but was not comfortable discussing it with just anyone. I felt I had to be careful with who I shared my experience. It seemed to make them uneasy. I was living at a military base and had to use the military hospital for my healthcare. They were not equipped to address all of my medical needs, nor did they make me feel they wanted to. They referred me out to civilian physicians because “I was too medically complex for them to handle.” I was a dialysis patient 3 nights a week for 3 hours at a time and was told I was going to be kicked off my insurance and placed on Medicare because I was considered terminally ill. I struggled with this and thought, how am I going to be a mother to my children if I need a machine to keep me alive. Thankfully, my kidneys came back after I landed back in the hospital from congestive heart failure and a staph infection in my lungs.

I went off base to see most of my specialists. I also saw a licensed clinical therapist to try to make sense of what I was feeling. The therapist basically told me that whatever my perception of the afterlife is, is what I brought into my NDE. I honestly didn’t agree with her because the things I experienced could not simply be “explained” away by my own personal beliefs. I was having major difficulties with my relationships and anxiety from my NDE. The memories would overcome me, causing distress, anger, and fear. My husband said I was a different person, and I was. I was told that this experience will either make or break a marriage, and I agree with that. We sought marriage counseling.

Five years after my NDE, I went to work for a hospital in my home town for social services and spiritual care. I honestly felt my path in life, and everything that happened, put me right where I needed to be. I’ve become more intuitive, and my job required me to be a calming presence to distraught families that were experiencing the same traumas that my family and I experienced. I stayed in this job for over 17 years and loved it. Today I can say I am grateful for what I have experienced, and I have the capacity to see that this was an unfortunate life circumstance, but it made me much stronger than I would have been had I not gone through this.



The Other Side of Heaven

Peter M. Anthony

A blood-stained hospital gown that barely covers my naked body fails to provide comfort. Doctors and medical staff wear panicked faces as they attempt to save my life. A flat line crash cart pushed by a nurse is placed near monitors. A voice yells, “He has lost too much blood. His hemoglobin is below six!”

Another voice yells, “We’re losing him!”

Family members I knew before their passing persuade me to go through a tunnel of white light.

Their ghostly images call my name, guiding me to an elderly man who sits upon a tree. His hands are extended, as though he knows me. Brilliant watercolors spin like a rotating bicycle wheel, somehow encouraging me to enter this revolving tunnel. Melodic musical notes, along with my previous life choices, merge onto a large pictorial matrix of my entire life. Love is the over-riding message that hums in my ear. Over and over, this universal message consumes me with such velocity that I feel I will not grasp its full essence. Yet, I do. Something beyond my logical thinking allows a stream of future events to play before me. Writing books, workshops, lectures, traveling to distant shores, radio and guest appearances on television shows pertaining to my near death, seem perfectly natural. A voice speaks softly through this spinning wheel of light, declaring love and kindness are mankind's only keys to earth's future salvation. This I accept as my new truth to live by.

Vibrant colors linked to harmonious musical notes seem to amplify with a template of geometric codes and quantum physics. The next cycle of my life review begins to unfold. But then a faraway voice brings me back to the operating table. His distressed voice compels me to view my dying body from a place I call the other side.

"His pressure is dropping. He is going into V-tach! Give him another amp of atropine, now!"

"Stand clear!" Another voice shouts.

"Clear!"

Paddles thrust my torso upward. Seconds turn to split seconds. I see a surgeon's worried face. My physical body is on the O.R. table, but I am hovering above the ceiling looking down. Waves of white light descend upon me, thrusting my spirit back into the tunnel. Global intelligence encases my thought process at such momentum; I am amazed at my ability to digest its content. I witness all of mankind's injustices and promptly comprehend that we must make amends to those we have wronged. It is not what we have done, though critical, but how quickly we make amends for those we have hurt. Moments of human error are like dress rehearsals. Practicing daily kindness prepares us for opening night. Whether we believe or doubt, the law of

cause and effect are shaped because of what we do or don't do. Kindness is the *key*.

Flashes of insight continue to unfold as my life review plays before me. *Should have* and *could have* are common dialogues I know too well. These tête-à-tête thoughts are heard like a cosmic auditorium inside my head. My own voice says, "No one will see this but me." These haunting words were my ongoing life lesson. I witness all my selfish actions with the purest of compassion. I honor it, come to terms with it, and move on to the next life review image. Suddenly a burst of brightness consumes my non-physical form. Golden-white lights envelop me, and a voice says. "You are the captain of your life vessel. Navigate wisely." I know this voice. It's my voice. It speaks again. "Choice is a gift." Then everything that I see or feel goes into an in-between place. A male voice says.

"Mr. Anthony! Mr. Anthony! Can you hear me?" My eyes are heavy, and pain devours my upper torso. Someone stands over me. I feel his breath. But I cannot see him. All is shadowed in dark.

"Mr. Anthony. I'm Dr. M Are you awake? You have been in ICU for over three weeks. Can you hear me? Mr. Anthony?"

I know my eyes are open, but all I can see is darkness. There is no feeling in my legs as I brush my hands against my thighs. "Yes."

"Mr. Anthony, I have some unfortunate news for you. Your vision is impaired and lack of mobility in both legs is uncharacteristically odd. A series of radiation treatments . . ." His words fade.

Instead, another voice speaks into my ear. "Your vision will return. You will recover. *I am here.*" This enigmatic voice vanishes.

Dr. M's words become inaudible, and his sentences become background noise. "It took four units of packed cells to complete your blood transfusion. We almost lost you due to a perforated viscus. There is no cure for Crohn's but . . ." I slip into a deep sleep.

The aroma of roses awakens me. Darkness is still my enemy. I try to sit up in bed. I'm in pain. A voice whispers into my ear. "Do not despair. *I am here.*" Someone's hand touches my arm.

"Good morning Mr. Anthony," it's Dr. M. "Are you awake yet?"

"Sort of, no, not really," I say. "I won't despair. Thank you."

"Excuse me? I need to go over your labs. Is this a good time?"

"I still can't see? And my legs and left foot are in pain."

"You're having inexplicable reactions to some of the meds. Your joints are inflamed? The gout in your left foot is unexplainable."

"Cycle me off of Prednisone, Cipro, and Tramadol."

"How do you know which drugs I've prescribed? How? You're having abnormal complications with rheumatoid arthritis . . ."

I cut off Dr. M. "I will continue to have inflammatory side effects. These drugs are harmful to my new immune system."

Snickering occurs, then abrupt silence. Though I can't see anyone, I can feel their judgment. "Please listen to me." I realize at this moment that my speech impediment is gone. How is that possible?

"Doctor, I'm not stuttering. Wow!? What about my iron-deficiency anemia? What is my current hemoglobin level? I've been in ICU for over three weeks? Where's my doctor?" I speak effortlessly.

I sense anxiety in the room. Dr. M whispers something to someone. "Mr. Anthony, I'll be back soon. Nurse, please continue."

"I died in the O.R. You were there! I spoke with God. I saw numbers, colors, heard music, and saw my future while I sat in a tree. I'm going to write books, travel the world, and talk about my death." The room remains quiet. "You don't believe me? It's true!"

"Mr. Anthony, get some rest. Your doctor will be here later today. Nurse, I want to go over his diet as well as his medications."

I feel a needle poke my left arm. A thermometer is placed in my mouth. The IV in my right arm is adjusted. I smell perfume.

"You died and went to heaven, didn't you?" A lady's voice whispers.

"Yes, I did! I spoke to God! I've never believed in God," I say, biting the thermometer. "God said it was not my time yet."

Dr. M and the staff talk in low voices as they exit my room. I hear a voice say something that hurts beyond the pain I am feeling.

"He's having God-like hallucinations from the anesthesia."

"No! It wasn't a hallucination." I reply as the door closes.

"Don't mind them sugar. I had a patient tell me the exact same thing. She flatlined during mastectomy surgery. She died and saw God. No one believed her. Not one doctor or her family. I did. We tend to blame the anesthesia on patients saying nonsensical things. In most cases, it's true. She's now studying to become an ordained minister. She used to be an atheist. Explain that? I am Nurse Betty. God chose you for a reason, Mr. Anthony. You've been given a second chance. Get some rest. I'll be right back. Okay?"

Both my legs are throbbing. Within minutes my eyelids are heavy. I surrender to the medications within seconds. I fall asleep.

"Good evening, Peter. It's Dr. F. How are you doing, son?"

"What time is it?" My vision is blurry, but I can see Dr. F.

"It's just past 7:00 p.m. We need to have a chat about your well-being. You are suffering from multiple medical problems and are having inexplicable reactions to some of the medications." Dr. F pauses as he talks. "Another surgery is crucial, Peter."

"No, no. I spoke with God on the other side. My difficulties are due to the Prednisone and Tramadol. Get me off these drugs." I grab Dr. F's hand. "I can't move my legs? Why can't I see?"

"I can't answer that. Prednisone is prescribed as an anti-inflammatory for Crohn's. Your immune system has reacted abnormally to some of the meds. Both Dr. M and I are puzzled. Crippling rheumatoid arthritis can occur after prolonged use of prednisone—not several weeks. The gout in your left foot, along with the loss of your vision, is highly unusual. Your hip . . ."

". . . unusual seems to be my overall theme?" I feel hope as I see Dr. F's face appear. I know his next words. "There is no cure . . ."

"There is no cure for Crohn's. We need to get you in remission as soon as possible. We will tackle all

these medical irregularities one at a time. You rest. Try not to worry. Let me figure this out, Peter.”

“Promise me I will be able to run again after I recover? Please?”

“Let’s get you walking again.” Dr. F pauses but continues. “I’ve contacted an Internal Specialist in L.A., Dr. S, who is quite familiar with non-traditional therapies for crossover patients.”

“Okay? Dr. F, I died on November 11, at 11:11 p.m. in O.R. #11. I went through a spinning tunnel. I spoke with God while I was on the other side. I will regain my vision somehow. I can avoid crippling arthritis if you listen to me. I will travel the world and talk about dying on November 11, at 11:11 p.m. I also know that you play Bridge every Sunday night. You lost your son in a horrible car accident. Don’t you worry either, Dr. F.”

“How did you know about my son?”

Epilogue

Dr. F and Dr. S are the only two doctors throughout my entire medical life that believed my near-death experience occurred. Dr. F and Dr. S not only listened to my NDE story, but treated me with exceptional care, and remained open-minded to my insight. My vision eventually returned, however, not fully. I suffer to this day with severe arthritis from the high doses of prednisone. I can no longer run; however, I walk on a treadmill daily. I travel extensively, lecturing without a speech impediment on NDE’s atypical recovery, and uncommon medical complications that many NDErs undergo once they return from the other side. Dr. F and Dr. S called me their Miracle Patient until the day they died. I am no longer Agnostic. I believe in a Higher Power. It only takes one person who listens with an open mind and believes in your (beyond belief) near-death experience. I was lucky. I had two doctors and a nurse who believed. Whatever occurred on the Other Side of Heaven taught me to stand in my truth, no matter who believes and or doesn’t believe. “I was given a second chance,” as Nurse Betty said.



A Physician’s Near-Death Experience

Jean R. Hausheer

In the summer of 1977, an extraordinary event involving a respiratory arrest occurred, which forever changed my personal and professional life, and simply removed any previous fear of death. A brief glimpse of the amazing Glory of God has remained with me since the time of my near-death experience (NDE).

At the time of this event, I was a 20-year-old medical student. While taking a Saturday exam, I developed double vision, which progressed rapidly from intermittent to constant. My upper eyelids also became quite heavy.

Once I completed my exam, I called my dad, also a physician, whom I met in the local emergency room, along with several specialists. Hospitalized, my situation rapidly declined into a descending paralysis. Zika virus-associated Guillain-Barré syndrome, Jacksonian variant, was considered likely by the neurologist. Just prior to being transported to the pulmonary lab to measure my breathing, a physician performed a physostigmine challenge. Unknowingly, he administered an overdose using rapid sequential serial boluses. My situation deteriorated shortly thereafter to acute respiratory failure. I lost consciousness while in the pulmonary lab, simply unable to breathe on my own any longer.

Next, I found myself looking down, suspended about 30 feet above what appeared to be a young, slender brunette lying on the floor. As if watching a movie inside a theater, I could see through floors, walls, and ceilings clearly and in a 360-degree 3-dimensional fashion, yet was detached from the flurry of activities below, which I could audibly hear. Vision was everywhere, all at once, and in incredible detail throughout this entire event. I could not understand why the person below was trying to resuscitate the brunette, as clearly there was nobody inside its lifeless form. I did not, at this moment, connect that what lay below was my own motionless body, nor did it remotely concern me, as the body below was completely unimportant.

Meanwhile, my attention was drawn to a brilliant, beautiful, colorful, living, peaceful, purely loving, whitest light source off to my right and above me. It had a familiar and comfortable living presence, toward which I found myself extraordinarily drawn. It emitted and transferred pure love and acceptance, which remain difficult to fully describe.

By simply desiring to be with this loving, lighted place, I rapidly traveled towards it, leaving behind the darkness here on earth. While in rapid transit, it occurred to me that I had just died. I paused to ponder my situation more fully. By now, I was closer towards the living, loving, pure light source, and the darkness was farther away. I could not wait to reach it and was rapidly enveloped into the joyful wonder and beauty. My soul merged with this hallowed place, where I was able to communicate with the many other souls there, each beautifully illuminated beyond what I can describe, and each of whom completely and deeply loved me . . . and always had. I would liken each of these to the Glory of God, which shown through each of them constantly. Likewise, I fully loved each of them, though I am still uncertain as to who they were. My soul was intact while there. This place was extraordinary in comparison to Earth's mix of love and darkness, as it only contained pure love and was without any remnants of human sin or darkness. Upon arrival at this place of Glory, I knew it as familiar and comfortable, as it was from here that I had originated.

My knowledge and wisdom of these beautiful, loving souls, as well as my own soul, was greatly and extraordinarily enhanced. (Upon return to earth, my limited human characteristics resumed.) We each conversed in unison, simply by thinking. I was taught that Earth is a place of tremendous learning, much like going to school, which includes teaching, testing, successes, and difficulties alike. Life here on Earth is all about how to always honor God and help others, even in the midst of encountered challenges. Here, we are each given human attributes, both good and bad, while there, in contrast, only loving goodness exists. There were no political affiliations or religious affiliations in this place of God's glory.

My dilemma while there was that I hadn't yet lived my life fully. I had not married, had children, and could not understand what I would do upon return to Earth, as the body I left was clearly paralyzed and useless. I pondered if I were to return, whether I should continue my pursuit to practice medicine or do something different. It was up to me to decide whether I stayed or returned. In general terms, I was given to know that if I chose to return, the current earthly illness would dissolve over time and that the practice of medicine was still my calling. While there, I was also made aware of the tremendous heartache and despair of my parents were I to choose to stay, but given to know that their ache would lessen over time, and would not be permanent. This seemed relevant to understand, as I had never known this type of deep ache. The countless souls lovingly cheered me on no matter my choice, and everything was fine and wonderful either way. In my mind, I had not yet lived a full life and, although this place and its souls were utterly amazing, I knew I would someday return here to this place of God's glory. The decision became clear to me that I should return to continue learning and growing through the gift of life. Suddenly a strong authoritative voice surrounded me, which seemed to come from everywhere and was all-consuming. It said, "It's not your time yet. Return!"

In a flash, I returned back here to earth where a distinctive mix of love and darkness reside, and amazingly dropped back into my very own body, which had since been moved. The assembled emergency response team started shouting with joy and wonder that I had awakened. Many had tears of happiness and tremendous relief. While I could not speak at that moment, I was grinning from ear to ear. I wrote a note to the nurse that I wanted them to get my dad.

I started breathing on my own rather rapidly, was only in intensive care for a week total, and left the hospital after a one-month stay. My treating physicians discouraged me from resuming medical school upon discharge and sited my low stamina to do simple tasks as evidence that completing school would be impossible. In my NDE, I was given to know otherwise, so I smiled knowingly at them and

insisted that I would return despite the odds and prudent medical advice. In a year, I was fully recovered and graduated on time with my classmates. I never told any of them about my NDE.

In the late 1970s I decided to wait until compelled to discuss these events with anyone, for fear of people here not being able to comprehend and likewise struggled to find appropriate words to describe this event. It was never so much for fear of untoward judgment, as this is of little concern. Back in the 1970s, there was no scientific literature or biblical textbooks or research available on the topic of near-death experience, and in fact, it really had no name.

The first person I did tell my story to was my dad, who stopped by to see me once I was breathing on my own later that same day. He had a twinkle in his eyes as he shared with me that he too had an NDE at age 4 during a prolonged period of very high fever and unconsciousness, which I had never known before. Like me, he could recall in great detail exact aspects of the visit to heaven, which forever changed him. We only discussed this one time and never again as there was no need. We each knew firsthand of the wonders of God and the Afterlife. Later on, in 1993, I was able to be with my dad as he transitioned away from here, and felt so very joyful for him to join this heavenly place of wonder and God's Glory. My feelings also included a bizarre mix of deep sorrow about not being able to share more of life here with him. As I write today, my 89-year-old mother is currently on hospice and awaiting graduation from here to the afterlife, place of God's glory and wonder. She has lived a very full life dedicated to God and helping others.

I've always known that I was not deserving of this life-changing event, and what happened had nothing to do with me being anyone special, as this is not the case. I'm as ordinary a person as any of us here. We are each here for such an extraordinarily short period of time compared to eternity in heaven and should strive to optimize our time here. Life is not about you or about me. It's always all about doing for others and, meanwhile, honoring God.

Throughout my medical career, I've come across others who have passed away and awakened, yet

had no NDE. These cases cause me to appreciate the incredible message of hope that those of us who have had an NDE are given as blessings. It was wrong of me to 'stuff' my NDE inside my head most of my life, simply because there are no words to accurately describe the events, and I view NDE as a gift. In my early 30s, I shared my NDE with my pastor, who immediately blew it off as 'anoxia' and cut me off from discussing any further. While this left a bad taste in my mouth, I have since learned to ask God's guidance as to timing and with whom I share, and to simply accept there will be those who cannot comprehend. It's not my objective to change anyone's mind, as I am merely a messenger of hope. The moment any of us die, we know this amazing place where the Glory of God resides. There is no relevant argument or discussion to be had, as so often occurs here on Earth, as God and His glory simply is, are, and forever will be.

Throughout the years preceding my NDE, I was a typical kid in many ways. Growing up, I was blessed by parents and others who mentored us kids to love Jesus and all people here and to actively pray and uphold ongoing relationship and communication with God as being important. While this issue of a barrier to heaven versus no barrier remains difficult for many NDE individuals, it is only one of many challenging questions that can arise. It is also wise to remember that comparison can lead to jealousy and should be avoided, and instead contemplate the NDE as a blessing. It remains helpful to locate other NDE individuals in the journey of life to listen carefully to them and to likewise share your own NDE as well.

My personal best solution in response to my NDE over my lifetime has been to study the Bible in an effort to seek further knowledge, and have repeatedly found tremendous peace and acceptance. One of my favorite verses, which applies to NDE, comes from 2 Corinthians 4:18, "So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal." Over the years, I have run across physician colleagues who are uncomfortable with the God, Jesus, and heavenly aspects of NDE and try and remove these terms from conversation, and

instead limit their reporting and study to only scientific aspects of the near-death experience. I have an aversion to this approach as it simply lessens the full truth.

If an individual would like to study the scientific aspects of an NDE, there are now available numerous wonderful resources. To read thousands of other NDE first-hand accounts, www.nderf.org is a tremendous resource. The Division of Perceptual Studies at the University of Virginia School of Medicine is a science-based academic program conducting research in NDEs and is another good source.

It remains appropriate for any individual resuscitated from clinical death to be interviewed by a physician who thoughtfully inquires about NDE. If a patient reports an NDE, the physician should validate the event using sympathetic contemplative listening skills.

Finally, my near-death experience taught me how very short our time is here on Earth, and to not waste it with anything or anyone that removes us from our intended purpose of knowing God's joy, grace, and love. Really, in the blink of an eye, life here is over for each of us, and we transfer to the time of eternal Afterlife. God and afterlife discussions must interweave the study of science and medicine, as well as scripture, so that we may seek truth as we move towards a better understanding. A tremendous message of hope can be found by seeking answers, challenging us to open our minds to the amazing possibilities that lie ahead. Every second of every day matters.



The Medical World and the Psychological Impacts on the Survivor Through Cardiac Arrest

Raymond O'Brien

The paramedic, a lovely lady called Rebecca, said to me, "You need to breathe, Raymond." She turned her back on me and I knew this

was my moment to go. I rested my chin on my right shoulder, and the next moment I was on the other side of life. I was now a small golden soul waiting to be seen. The grass under my feet was of the softest fur, and I was a naked, sexless soul as I stood a small distance from two men and three women. They all wore white robes, and the women were just beautiful. As I waited, the wind came to greet me, and it passed through me with the answer to the powers that be that I was Raymond's soul. I was resuscitated in the back of the ambulance again. At this moment, I was aware that I had been on the other side and expressed an apology to Rebecca, "Sorry about that I was on the other side there." Rebecca replied, "Do you go on the other side a lot Raymond?" My reply was, "Yes—if you park, I'll make you a cup of tea and tell you about it." It was at this moment she confirmed that I had died.

We got to the ER room and the whole affair started again, but this time, it was not a pleasant experience. The fear of knowing you are going to die was nothing like I had felt in the back of the ambulance—it was a very scary experience to see death next to me, and I was helpless. I knew what was coming at me, the sense of being alone was a prominent emotion, and I felt I was on a springboard and was set to dive into the blackness of the universe. I was resuscitated nine times, each time with a bizarre return, scaring the crash team—so I was told. What I soon became aware of was the impact my NDE had on the staff. The next day the paramedics came to see me in the ICU and explained to me how lucky I was to still be alive, how in their own work shift, events had conspired for them to attend to my call for help. Even the cardiac surgeon, while I was having a stent fitted, commented on how I had scared his staff that night. I never spoke too much to the staff, as they were more aware of what had happened. What I did notice was how I was being treated almost with a sense of reverence, which I found uncomfortable—many of the staff asked how I survived, and it became very obvious that "life scripts" of the staff came into play. Some were practicing Christians, Hindus, or Sikhs, and all of these persons wanted to know more about the other side.

Months later, I became more and more troubled with how the medical world had been treating me. Some of the psychiatrists I had seen along with “High-intensity Therapists” did not know how to help me, and it was this being passed around to other mental health professionals that I feel had a negative impact on my inner “self.” Some therapists would cry and “thank God” that I was still alive—it would seem their own life script was now entering the therapy room. I found this hugely troubling.

One psychiatrist openly expressed to me that I was out of his scope of knowledge. I was diagnosed with complex post-traumatic stress, and this was helpful to me as I could now start looking for more information to do with Complex Post Traumatic Stress (CPTS) within the military. I made a good connection with a neuroscientist, who gave me an insight into how the brain responds to severe trauma. This information was a massive help in part of my healing and explained why I would shut down when being psychologically debriefed about my NDE. But nobody had given me a heads up in the narrative of the spiritually transformative experience (STE) I was now entering, the breakdown of family relationships, or the self-imposed isolation of five years. I could not cope with the NDE, let alone the STE. It was all too much for me.

The most help came from my psychotherapist (one of many). He had worked with soldiers and spotted my symptoms straight away, but he did struggle with the STE side of the NDE. With his help, I managed not to commit suicide, but my family could not keep up with my symptoms and I didn’t want to talk to them. This is the painful side of NDE/STE.

So, where did I get the most help from? I was asked to give a talk at the very hospital that saved my life, and the subject was the psychological impact of a cardiac arrest. After the talk, a paramedic came up to me and told me that I would make a great therapist in the field of NDE/STE and, as miracles happen, he had a copy of the local paper that had an invitation for those wishing to become qualified in this field of therapy. I work for a major charity now, working with the trauma of death or

near death. I bring a transpersonal approach to the STE side of the NDE. I just recently attended the 2019 International Association for Near Death Studies (IANDS) conference in Pennsylvania as a keynote speaker, and it was here, with so many other survivors, that I was able to notice the many themes that the survivors were presenting. Many of these themes I still carry myself and shall incorporate in my field of work.

My advice on working with NDE/STE clients is to find a skilled survivor or a very skilled practitioner and ask what knowledge they have. What are the assessments that are undertaking for both parties, what safeguards are in place for the clients as well for the practitioners and families of the clients? The impact on the families is often overlooked in the NDE/STE paradigm. How has the NDE/STE touched them? My sister told me, “We didn’t know what to do, Ray. You were changing so much.” Simple handouts to the families on what may be coming at them from the survivor would have helped me and my family to at least have the basics about the ripple effects of the NDE/STE.

To sum up the NDE/STE’s impact on myself—well, I found the actual dying and resuscitation still unbelievable even after all this time. It’s a constant in my life, and the fear of death is no longer with me. All I fear now is the pain of death. I shall give an example—I had another heart attack in March of this year, and during this experience, the fear of death was not on my mind. I accept death now, and what made me call for an ambulance again was the pain of the heart attack. I have a DNR (an advance directive) that I can’t be resuscitated. Only the pain is to be managed and water given. When I mentioned this to the paramedic, his reply was, “If you have a cardiac arrest, you do know that we won’t do anything for you.” That statement he made to me really brought home my acceptance of death, and it is with this knowledge that I can sit and help other survivors who may be thinking the same as myself. Indeed, this is what came to light at the IANDS conference.

Do Angels Really Exist?

Jean Barban

Twice now, I have been at the edge of death. When I was 44, I started feeling tired, and my breathing had become difficult. I thought I had developed asthma so I scheduled a doctor's appointment. The doctor ordered an x-ray and promptly sent me to a cardiologist who explained that I was in Congestive Heart Failure. The only cure was a heart transplant. I was told I had cardiomyopathy caused by a virus. The doctor suggested that I start taking heart medications. He couldn't say for sure how long the medications would sustain me.

Three years later, the medications were no longer effective, and my heart function started to severely deteriorate. I was admitted to the hospital and underwent a heart biopsy. My heart was so large and so weak, my body couldn't tolerate the test and the doctors had to revive me using shock paddles. This was my first brush with death.

I was immediately put on life support, where I was told to lay flat and keep my right leg straight. It was uncomfortable, and I was miserable. I was so weak that I had no energy to even feed myself—not that I was very hungry. My husband fed me as much as he could. Thirteen long days passed. A heart was donated from a family in Montana. I was in the OR for 18 hours, and once the surgery was completed, the surgeons were trying to get the heart to start functioning, but unfortunately, that heart failed to begin beating on its own. Consequently, I was put on a second type of life support that did the work of a functioning heart. As the days passed, I got weaker and weaker, and my internal organs were failing. I was too sick to even pray for myself, and I had to depend on the prayers of others.

On the eighth day, the surgical team was close to making the decision to take me off of all life support, but before my surgeon was able to consult with my husband about the plan, the surgeon's beeper went off alerting him that there was another heart available. With no guarantee that I would survive another surgery, they decided to go ahead with the second transplant. This heart was a success! I received a heart from a young girl. Her family made

the generous decision for her to be a total tissue donor. She not only saved my life but helped eight others, and enhanced the lives of up to 50 people.

Every day I give thanks and feel a deep gratitude to my donor and her family. So often, I think of the tragedy they endured, so heart wrenching and their grief unimaginable. I love the medical staff as well.

Seeing My Angels

Sometime during those tumultuous eight days, I had a remarkable thing happen. As I lay in the hospital bed so weak and not able to move my body, I had a near-death experience. My chest was still open from surgery. All that protected my organs was a sterile "plastic" covering. I had tubes in my chest to drain the fluid from my lungs, a breathing tube, an IV, and monitors all around when I had a vision. Though I did not have the strength to turn my head and could not do so consciously, I saw two angels on my left side who were standing side-by-side. They were composed of light and had a dimension through them, like foam. Their light was bright, but not blinding. They stood side-by-side, slightly smaller than the size of a doorway. They were gentle in spirit and emanated pure love. I emphasize *pure* because our word for love cannot describe fully the love I felt from them. The feeling was ineffable. As these two angels were summoning me to come with them, I looked off to my "right" (still unable to consciously or physically turn my head in any direction) and saw my husband, my cat, and the inside of my house. And when I looked back in the other direction towards the angels, they were gone. At that very moment, I was disappointed that they didn't stay with me. I wonder now if in that split second I had made the decision to stay and not go with them. Two other times they came to visit me, each time as entities. I could not see them but could feel their presence behind me. Their love and their care for me were so strong and they gave me so much comfort. I knew I was going to get well.

I shared my experience with one of my cardiologists and husband soon afterward. My doctor, who was nonjudgmental, listened intently and said that he found it very interesting. My husband accepted

my angels as being a viable vision and he shared my story with his close friends. They were amazed.

Surviving Lymphoma

Sixteen years after receiving the two heart transplants, I developed lymphoma, and it affected my internal organs. Again I was acutely ill. My kidneys and liver were shutting down. I was on dialysis and given six rounds of chemotherapy. Through the Lord's grace, I had patience and a feeling of peace throughout my treatment program for the most part. Perhaps my angels were watching over me from a distance. I hadn't seen them since my heart transplants. I figured my time of transition was not imminent.

At first, I dreaded having to go through the whole hospital routine again. My treatment consisted of two or three weeks at home and then seven days in the hospital to receive a 24-hour IV of the medication. Between the fourth and fifth treatment, I got restless and wished the whole thing could be over. Deep in my heart, I knew the cancer was gone but didn't tell anyone. I was too timid to express my intuition and I resigned myself to accept the protocol and finish the treatments.

During the first two chemo treatments in the hospital, I was on pain medication (a derivative of morphine) that gave me vivid hallucinations. After several doses of this drug, I finally told the nurses what was happening, and the doctors promptly stopped the medication. At first, I didn't want to tell them what was going on because I feared they might have thought I was crazy, so I let myself experience what was going on in my mind. I sat back and watched. The hallucinations started off with scary visions of faces and lots of dark fabric draping the area in front of me. I kept trying to change these images into something more pleasant, but it didn't work. The faces and figures would come to my bedside, almost touching my face. They would disappear as fast as they appeared. As the drug wore on, the illusions started to change, and I saw white cloth that canopied over me as if I were in a tent. That was comforting. As the hallucinations progressed, the white cloth would dissolve and then I would see elaborate stage sets. They were

fabulous. It got to a point where as soon as I closed my eyes I saw all of this. I would open my eyes and it all disappeared.

There was an unexplainable distinction between the hallucinations, my dreams, and my near-death experience. During both illnesses, I found my hallucinations to be extremely elaborate—wild dreamlike images that were vivid, colorful, and sometimes disturbing. I remember another one where I was awake and asked my husband if he saw what I saw, but he didn't. I remember asking him over and over again, "Are you sure you don't see it." It got frightening to think what I was seeing wasn't really there but also knowing that it was drug-induced. My near-death experience was different. The angels were more like a visitation and they tapped into my senses. They were communicating without spoken words, more like receptivity. From them, I felt peace.

After my sixth treatment and another PET scan, I was declared cancer-free. Since my near-death experience, my faith has grown stronger and I believe more firmly that heaven is a dimension where only good and love exists. It is my hope that anyone in the medical field who encounters someone that has had such an experience will listen non-judgmentally and perhaps share stories that they may have heard about near-death experiences from others.



Childhood NDE—Life Experiences Shown for the Next 50 Years!

Bill McDonald

In the third grade, I had developed a major health problem. I had several things wrong with me due to what started off as just a bad case of the mumps that went untreated. Both of my lungs became infected and I developed bacterial pneumonia, which caused fluids to surround my lungs, a condition called pleurisy. In this weakened condition, I developed Bright's Disease or Glomerulonephritis, a kidney disease. I was peeing blood, my blood pressure soared, and I had tremendous

chest and back pains. I was dizzy all the time, and I couldn't stand up straight.

When I saw our family doctor, he took one look at me and ordered my parents to take me to the hospital. They took me that same night to the hospital admitting room. When the doctors saw me, they immediately began a series of tests and x-rays. They prepared my mom and stepdad for the fact that there was a good possibility that I could die, since I was already so far gone.

My frail, little eight-year-old body, fastened down with leather straps onto a hospital gurney, was wheeled down a hall away from my family. I did not have any time to say goodbye to them because it was all happening so fast that first night. I can still remember looking up at the ceiling from the gurney, the bright lights hurting my eyes, as a nurse pushed me through the halls. Feeling like a prisoner immobilized on the stretcher, I was confused, sick, and scared.

The nurse took me into a separate facility outside the main hospital building to the isolation ward. I wondered why I had to be kept alone. Was this a treatment or punishment? No one had time to explain much to me.

In the room the nurse finally wheeled me into, I saw a metal table with a lot of long needles on it. They were the longest ones I had ever seen. The nurse informed me that they were going to stick them in my back and into my lungs to draw out fluid. It hurt like hell, but they kept sticking me over and over again. It went on for the longest time, with me sitting backwards on a cold metal chair in my underwear while they went about their job of suctioning fluids from around my lungs. When they finally finished, they left me sitting there alone for a few moments until a nurse came back to put me in bed. No one hugged me or even said that they were sorry. In fact, the nurse didn't say a word to me as I cried myself to sleep. That turned out to be just the first night of a very long and lonely year as a ward of the hospital.

I was in the isolation ward of the hospital and did not get visitors and rarely had anyone come in to check on me other than to do a blood test or bring food. It was during one of those first nights alone in my room that I fell deathly ill. I found myself suffocating and having great difficulty trying to

breathe. I was falling into some kind of deep darkness when I noticed that I was fully surrounded by light—a bright light that surrounded my frail, tiny body that was lying on the bed. It seemed that I was no longer a part of it—I felt no attachment at all. I felt sorry for that body.

I was separated from that lifeless body and felt free of my pain. I noticed that I was sitting up in my hospital bed even though my material body was lying down under me. Could there be two of me? I did not feel connected at all to that dying, or dead, body next to me. I felt free to fly and roam the cosmos. I sat there, however, as the light got brighter and expanded all around me. I felt myself being pulled into another dimension or world. At my young age, I did not fully understand anything that was happening, but I did not feel any fear, in fact, just the opposite. I was feeling tremendous surges of love that could only be described as pure bliss.

I was at great peace and felt loved and cared for and was pain-free. I felt that I was in the presence of spiritual beings—perhaps, angels. I knew them, for some reason, and felt I was home with family. The light destroyed all the darkness around me—as everything was bathed in this great white light. Everything felt like love. I was absorbing it like a thirsty man in the desert. I savored it all. Then it was like a dream curtain had been pulled back so I could see things beyond my view. I began to slowly be shown facets of my life in the future. Small scenes of events in my life unfolded before me in the light show.

I saw the JFK assassination. I saw who I would date and marry and where we would be living. I saw myself in the Vietnam war—even though I did not know it as such then. I only saw the helicopters and the combat and some of the events that would take place when I would later be there in 1966 and '67. I saw my children and knew them. I clearly saw my life as it later unfolded for me through the years. I saw lots of social turmoil across this country but did not fully grasp it at the time until I saw the events actually happen. It was a lifetime of *Déjà vu* as I seemed to know what my next 50 years of life was going to be like.

There was one very odd thing that took place in this unfolding light show. There were two numbers

floating around, turning over and going from the number 29 to 59 when the two seemed to turn upside down and look like a five. At the time, I had no idea what any of that meant. Years after, I kind of felt that perhaps I was looking at two possible death times—age 29 or at 59. I did manage to survive past 29, although I had several close encounters with death in Vietnam during the war.

Just a few weeks before I turned 59, I had come back from an almost 3-month journey to India. While I was there, I had a near-death experience when I had a heart attack and fell off a 30-foot cliff onto a large boulder below. I was coming back from a hike to a sacred cave in the Himalayan Mountains. I left my body when I had hit the rock and was watching myself hover above it. I had stopped breathing, I could not feel my heart beating, and I was immovable and lifeless. I was at peace and enjoying being separated from my body when a large cobra snake crawled across my feet, which I saw from above my body on the rock. It had produced the same kind of reaction as if paramedic had jump-started my heart with a defibrillator, and my body jumped up and gasped a full breath of air. I was alive.

When I finally got back home to Sacramento and went to see my doctor, I was told that I needed to have 5 stents. So, here is where these two stories come together. I asked the doctor how someone like myself who became a vegetarian when I was 9 years of age and never smoked, drank, or did drugs and who meditated and did all the healthful stuff, could possibly be facing death coming up on my 59th birthday.

I had some big concerns because of the visions I saw when I was only 8 years of age about those two numbers: 29 and 59. The heart procedure was scheduled just a few weeks before my 59th birthday. The doctor looked me in the eye after listening to me bemoan my health issues. He told me the following:

“If you had not been making all those positive health decisions in your life—diet and everything—then with your genes, I would not have been too surprised if you had died already by age 29, and not 59 as you will be soon.”

It hit me like a ton of bricks, what he said. It also brought truer meaning to what I saw in that

near-death experience when I was only 8 years of age. I did not die at 29 and, even though I faced death once again, I did not die at age 59 either.

That childhood vision—if it could be called that—took me through my own future but ended at age 59. I truly feel blessed to be given this extra time in my life. I am now 73 years of age and survived another NDE in 2011.

No one ever talked to me about my childhood experience, and no medical people wanted to even hear me talk about it. I was left to figure it out, without any support, on my own. Medical personnel refused to listen to my NDE; I was forbidden to discuss it. I was treated coldly as if delusional. Given no validation or support, I was totally on my own to figure it out. Misunderstood, I kept my NDE to myself for decades.

Looking back, I have bitter memories of being ignored and treated as if I was mentally ill. Had someone, anyone, even a kindly nurse, sat down and listened to my story, it would have made my journey into adulthood much easier. Being ignored and not believed shaped how and what I felt I could share with others.

My advice to medical personnel: Always listen to your patients. You do not need to accept or believe what they tell you, but listen and give support. Do not judge others so quickly. Surrender to the possibility that you do not always know everything that has happened to a patient. Offering them positive feedback and compassion always helps others to heal.



A Glimpse of Heaven: The Mental Healthcare Practitioner's Role in Supporting the Near-Death Experience

Ellen Whealton

Thirty years ago, I suffered a traumatic brain injury after a horse kicked me in the temple. I was in a coma for about a week and was not expected to live. During this time in a coma, I

experienced the most vivid, powerful, and beautiful experience of my life. This powerful integration with love and light not only gave me incredible insight, purpose and clarity—it also gave me a mission. Since the moment I woke up, I've dedicated my life to try to help others connect to that place through music, frequency and other contemplative modalities. I've made it my life's journey to share the messages that I received in Heaven with others.

I want to share my experience here and follow up by sharing my perspective as a mental health practitioner. Because near-death experiences can often be discounted, I think it's important to address how we handle the recollection of these experiences by those who've experienced them. Near-death experiences, as well as spiritually-transformative experiences (STEs), can change the course of a person's life. Validation, understanding and even celebration of these experiences can help the experiencer take their experience to the next level to find purpose, refine their lives, and help others.

Before I move into how to validate and work with experiencers, I'd love to share my own story with you. After I was kicked in the head, I was taken to the hospital. From there, I was transported to another hospital to be seen by a team who worked more closely with head injury victims. At some point in that first day, I slipped into a coma. On the third or fourth day, my parents were told to try anything they could to stimulate my mind and try to connect. When they weren't there, they asked the ICU to play home movies and my favorite childhood movies at my bedside. Though I don't remember this part of it, it plays a key part in my waking from the coma.

The first thing I remember from my experience was being on what I would describe as a floating wooden raft. The raft seemed to be hovering on a beautiful pink and white mist that looked almost like a river of pink clouds.

I wasn't alone on the raft. In front of me, facing me, was Jesus. He was dressed in simple white robes and was the most loving, kind presence I had ever known. To my left was Buddha. I didn't know who he was at the time, because he did not look like the Buddha I knew in my childhood. He did not have

the round, Buddha belly that I knew from the stories. He was young, bald, thin, and wore simple, long brown robes. I didn't know him, but I knew him. He was a protector, a loving soul, a teacher. I stayed with them silently for a short time.

And then, I was taken to Heaven.

I'd call it more of a feeling than a place. The colors were vibrant, there was beautiful music, there was incredible light all around, but most of all, there was love. Palpable love. Absolute love. Warm, weighted, powerful love. The fullness of it blanketed me. It was the most wonderfully connected, peaceful, unified feeling. I remembered. And then, I transformed. I started to melt into the love and become one with it. There was no distinction between me and this love I was connected to. I was part of something greater. I was love, I was light, I was complete.

I don't know how much time passed in that place. It could have been a moment, or it could have been years, but I was changed forever because of it. And once I'd fully become the love and experienced it, I was back on the raft with my guides. Jesus communicated with me. Not through words, but through thoughts and questions. And at that moment, I had knowledge far greater than my 12-year-old body had ever known. I was shown so much more than I can describe in one sitting, but one thing I knew was that there was no right or wrong. Whatever was to happen next, all would be well. There was no wrong answer in this place.

I was given a choice. Jesus communicated that I could choose to stay in heaven, or I could return and live my life on Earth. And though most would jump for the choice to live, I remember struggling with the choice. Knowing there was no wrong answer, I wanted to stay in Heaven. But there was more to the decision than choosing where I wanted to be. Remember that in this place, I knew so much more. I knew that I had a purpose that hadn't been lived. And I knew that if I stayed in this place, it would affect the lives of my family. Their paths would be altered from my passing. They would be ok, but in this life, they would have a more difficult time living their purpose. I thought of my Dad, mostly. And then I thought about my purpose. It was that

moment that my life's true purpose was revealed to me.

I chose to live. My purpose was to help heal people with music. And with deep gratitude, I gave thanks for the opportunity to live out this purpose, and I vowed to live a life of gratitude and helping. Because I knew that living was my way to help my soul grow before returning to this place. I knew that I would return someday when the time came to pass.

As soon as I made that decision, I entered into a new type of darkness. It was a comforting darkness, almost womb-like. And in the blackness of this place, I saw a music staff with colorful notes. I could hear nothing but could see the different colored notes moving along the staff, almost as if it were an animated, live visual of music itself. Each pitch had a different color and the staff moved closer to me as I watched. It started far away but I was able to watch it constantly changing and getting closer to me. When it was very close to me, it suddenly disappeared. And in its place, there was a tiny pinprick of light about the size of a period at the end of a sentence. When I describe it, I describe it as being below me and to the right, though I don't know if that makes sense. It was a tiny pinprick light in an otherwise black void. I heard something in that tiny speck. It was so faint that I didn't really think I heard anything at first. But as I focused more on the sound, the more I could hear it.

It took every bit of concentration and focus to draw in that sound. It was one of the hardest things I've ever done. I focused so intently on the music from that speck until it became more clear. I pulled it in more and more until I could hear the music more clearly. I pulled it to me until it was so loud that I was immersed in the sound. And then, I opened my eyes.

I woke from the coma to music playing at my bedside. It was the credits of the movie, but the soundtrack was from a Disney movie that was almost completely filled with music. At the moment I opened my eyes, the music disappeared. I could only use one sense at a time. I saw the corner of the ICU unit next to me, a curtain, and a nurse running over to me. And then I fell asleep again.

After that moment, it was mostly about recovery. I don't remember much during that time frame, except for the loss of memory. When I woke up, I didn't know who people were. I had a sense of them but had lost all memory from before my accident. I can count on one hand the memories that I have from before I was 12. They just didn't all come back to me. But I did know that I was so grateful to be alive and would make the most of my life. Since that moment, I have tried to live a life that honors my experience. I threw myself into playing music as part of my recovery and have dedicated my life to helping others experience their own glimpse of the other side through music and sound.

I didn't share my experience with many health-care practitioners that I worked with in my recovery (that I remember), but I did start sharing my story when I was in graduate school for transpersonal counseling psychology. Until that point, I was too afraid to share too much. First of all, I didn't want anyone to hear my story and tell me it was a dream. I also didn't want others to compare it to near-death experiences with the tunnel of light. There was no tunnel for me. It was such a sacred and real experience that I feared others would attempt to take it away from me. After all, it was the single most powerful experience of my life and still is today.

But when I attended Naropa, a Buddhist-founded University in Boulder, I was reunited with Buddha. I saw a likeness of him in a painting and recognized him instantly. I knew then that I was meant to attend Naropa as part of my journey and spent the next three years learning meditation techniques and many other contemplative practices. Other students heard my story and gave me the courage to share more. They understood the power of STEs and how these experiences could influence the practice of any mental health practitioner.

And through the years, my near-death experience has been part of my practice. I use crystal singing bowls, music, imagery, essential oils, and other techniques to help others connect to their higher selves, to have a glimpse of the divine, and receive the clarity they are looking for in their lives.

As a practitioner, I have not always been open to this type of work. Other practitioners have been

known to judge and invalidate my work when I share the spiritual side of my practice. One practitioner even told me on a public forum that if she'd known there were people like me in the field, she never would have become a music therapist. This mentality is why I feel so driven to discuss this topic openly with other practitioners. How can we support clients with their experience if we cannot support other practitioners who've had a near-death experience?

This is why I believe it is crucial for counselors, healthcare practitioners, and therapists to learn how to hold space for people who've had either spiritually transformative experiences or near-death experiences.

Regardless of our own beliefs, we need to recognize that these experiences are perhaps the most powerful moments of someone's life and may bring them the catalyst they need to help others by sharing their stories. When listening to these stories, we can shape how people move forward. Near-death experiencers came back for a reason and should not hide their stories from the world. They should live out loud and share with anyone who will listen. These experiences are gifts to share with the world to make a difference, help people and change the way we view death, life and life after death.



Healthcare After a Near-Death Experience

Nancy Evans Bush

Fifty-seven years ago, my reality exploded. I was 28, a middle school English teacher, daughter of a family of Welsh clergy-scholars, marinated in the rational, compassionate, social justice theology of mid-20th century liberal Protestantism. During the delivery of my second child, this happened:

I came to and found myself hovering over a roof of what I determined must be Peekskill Hospital.

I was curious and unafraid at seeing the Hudson River nighttime landscape before rocketing into space. Somewhere in what I considered "God's territory," a group of geometric circles approached me with a shockingly powerful telepathic message:

"You are not real. This is all there is. This is it. Anything else you remember is a joke. You never were real. Your life never existed. The world never existed. It was a game you were allowed to invent. There was never anything or anyone. That's the joke—that it was all a joke."

I argued frantically, but this was their world, and they were messengers of this intense and appalling truth, "Whatever you remember is part of the joke. Your mother, your babies—this is all there ever was. Just this."

The circles drifted off, and I was alone. There was nothing left—the world unreal and gone, and my first baby, and this baby who would never be born, and all babies. There was no world, no home, not even a self to go home to. Everyone wiped out, unreal, everything gone, even God, and I was gone, and what may have been my mind was alone in the swimming twilight.

I awoke in a hospital bed, almost catatonic with shock and depression. The baby was down the hall in an isolette, cyanotic, and I was not allowed to see her. The circumstance created a plausible explanation for my obvious distress, about which I recall mostly the psychic numbness. In hindsight, I think they must have assumed I was psychotic, as there is no memory of anyone talking with me. I assume the OB stopped by at some point, but I have no recollection of seeing him. No health care person said anything about an unusual incident during delivery. No one asked directly what was going on with me. Because of my distress, I was discharged early, leaving the baby in the NICU for almost a week. Was she real? I did not know.

There was no way to speak about that unidentifiable happening, no way to process it. Nothing in my background could speak to it, though the truth of the message felt unarguable; at a cosmic level, I have never doubted its having genuine meaning. The only available explanation at the time was predestination, which I took to mean that God did not

want me . . . but how could I admit that to anyone? How could I burden anyone else with the certainty that they were also unreal?

The post-traumatic stress was so severe, I did not speak about the experience to anyone for twenty years. Six years in, I learned that the ‘circles’ were Yin/Yang symbols, which terrified me: *Someone else knows about them! They are real! Why was a Chinese symbol in the mind of a Yankee Congregationalist?* The significance as Yin/Yang had no meaning to me at the time.

The most blatant effect of the NDE was an existential depression, which endured for years, coupled with enormous anger at God, church, and the very concept of being. There was also the confusion of how to live as someone reportedly unreal. If the infant screaming at 2 a.m. is unreal, how much does a feeding matter? What are the developmental goals for babies who do not genuinely exist, or for a marriage or friendship? How to assess unreal achievement for report cards? My best answer was to repress the whole thing as much as possible and to become very busy in the physical world. Although the psychic numbness continued around any recollection of the images or related topics, by the seven-year mark, ordinary life seemed almost normal.

Years passed. And then, twenty years after the experience, I was hired to run the tiny office of a new non-profit organization housed at the University of Connecticut. It turned out to be the International Association for Near-Death Studies (IANDS), and so my experience discovered its name: near-death experience (NDE). However, near-death studies were such a new field, and NDEs seemed like such a new phenomenon, there was as yet no literature on the subject. Anything any of us wanted to know had to be either dug out of pre-existing literature or developed in new research (for which there was no funding).

Within a few years, I had most of a Master’s degree in clinical psychology and a completed MA in Pastoral Ministry and Spirituality. I eventually became president and later a board member of IANDS. At the fiftieth anniversary of my NDE, I published “Dancing Past the Dark: Distressing

Near-Death Experiences,” (which has recently been called ‘the bible of these experiences’), followed by “The Buddha in Hell and Other Alarms: Reflections on Distressing Near-Death Experiences.” A third book, on spirituality and NDEs, is in process.

And yet, although the experience has been for the most part well integrated and I have been well out of PTSD for years, by the time of my presentation at this year’s IANDS conference (2019), I could still articulate no answer about the meaning of my NDE. When people say that processing can take a lifetime, they do not exaggerate! I can say we are real as *experiences*, or as *bundles of experiences*, but that is all. I have a modest confidence that by the publication of book #3, a fuller and more satisfying answer will have emerged.

I see my almost-forty years with IANDS as an era of evolving to understand my own experience while establishing a foothold in research so that others with distressing near-death experiences can be taken seriously and given reliable information. My experience was in 1962, long before public awareness of near-death experiences became widespread in the early 1980s; so, the absence of professional inquiry about my post-partum affect is perhaps not surprising (though it would have shown a sensitive level of nursing care).

Today, I would at least expect that a hospital’s nursing education program would lead an observant RN or CNA to wonder (and ask) whether a significantly distressed or shut-down patient might have experienced something unusual during unconsciousness. I would hope they would have developed a vocabulary for talking with patients about such experiences, and to have a list of resources, including knowledgeable chaplains. That projects, such as this NIB one exist indicates that physicians have begun to listen.

Debate continues over how best to understand these experiences. From the brain-based perspective, they are strictly biological responses to clinically understandable neurological inputs. From a consciousness perspective, they show evidence of mind as separate from brain, suggesting quantum-like functions, which exceed the limits of traditional scientific explanation.

From the perspective of the individual reporting an NDE, it is almost always claimed as the most intense, meaningful, and memorable *experience* of his or her entire life. The memory remains vivid and usually unaltered for decades, while the NDEs change careers, marriages, beliefs, and lives, and overturn cosmologies. Psychotherapist, author, and near-death experimenter Alex Lukeman, Ph.D., has written,

“When the ego encounters the underlying dynamics of the numinous [the sacred], there is . . . [an] accompanying destruction of traditional and habitual patterns of perception and understanding, including religious belief structures and socially accepted concepts of the nature of human existence and behavior.”

Bam and gone! The personal reality implodes. With a full-blown NDE, everything is to be rebuilt. But notice: Lukeman does not say that even a difficult NDE has been negative, or that the spiritual level is too deficient to be worthwhile. He says ego has just met the sacred, *which is often perceived as terrible*. The devastating upheaval is not only normal but *expected in deep spiritual experiences*.

What families and friends need to know is that the person with an NDE is neither mentally ill nor under satanic influence; these are common experiences, though they may be disruptive of preconceptions and established belief systems. What loved ones can do, primarily, is to listen. Experiencers need to talk, though that is where a support group makes a big difference, as the tolerance of family and friends will be strained.

Today’s resources are a far cry from what was available in the ‘60s and ‘70s. IANDES has support groups throughout the United States and Canada, and on other continents, both in-person and online. The organization publishes a newsletter and peer-reviewed journal and has an annual international conference. It is the basic referral resource.

Additionally, the Near Death Experience Research Foundation is an extended website with a rich collection of first-person NDE accounts. The distressing first-person accounts online often tend to be the most graphically, even spectacularly, hellish; some caution is advised. Several online forums

have sprung up on Facebook, offering abundant peer support. And of course, there are countless books about near-death experiences, both research-based and as individual narratives. For caregiving professionals, ACISTE, the American Center for the Integration of Spiritually Transformative Experiences, provides information and training. Distressing NDEs, like all experiences of suffering, must not be taken only at their superficial level, whether that means mechanical brain-as-mind or blindly ideological “only the Light is real!” There is enough material in these experiences, their origins, and their effects on human life to keep us occupied for the rest of our lives.



Finding Community After Suicide and a Near-Death Experience

Chris Batts

I felt rejected throughout my life. At six months old, my mother threw me in a dumpster, and for years I lived in foster homes. I lived in bad neighborhoods with unkind and untrustworthy people. I felt alone and worthless. No one understood my pain. I kept it all secret.

I dropped out of high school. After a breakup a few years later, I started experimenting with drugs. Because I used to have epilepsy as a kid, I went to the doctor and told him I was having seizures. That way, I could get prescription drugs and try to overdose on them. I ended up experimenting with those pills, taking them every few hours. Something else started happening, too. Maybe it was my abuse from childhood coming back. Whenever I would go to certain places and see crowds of people there, I would get nervous and start freezing up. My body would shake and my stomach would hurt. I felt scared and paranoid, thinking that everyone was against me. This feeling hit me even when I was playing basketball. I started thinking people were criticizing my every move. I felt angry because I

didn't want to feel that way. It began to depress me and impacted my ability to find and keep a job. I went through a period of drinking heavily. I didn't have many options for my addictions or anxiety. I didn't have insurance or money to pay for treatment. I didn't even know what treatments were out there for my situation. I made some small improvements on my own, but my depression kept coming back and got stronger.

At age 24, I got despondent over unhealthy, unsupportive people in my life. Everyone seemed to be rejecting me. While in a car with my friend, I received a call from my mom. (My grandmother gave her my phone number because she wanted to talk to me.) Rather than offer any words of comfort, she told me not to look for her and not to call her. She said she didn't want me and told me, "I'm not your mom." Life didn't seem worth living. I decided to commit suicide there and then by jumping out of my friend's moving car. My head hit the concrete, and I had a severe head injury. My head split open.

I had an out of body experience while my physical body lay on the pavement. Somewhere, I heard a voice say, firmly, "I wouldn't do that if I were you." I found myself in a white void-like space. I didn't see anyone at first but felt this strong presence. I just knew it was God. God's presence was familiar, strong, and definite. Some things are just so hard to put into words, but when you feel God, you know God in every aspect of your being.

In that place, your vision is perfect, your hearing is perfect, and everything is perfect. You're not hungry, not thirsty. You're just in your spirit. Nevertheless, I was in disbelief. I didn't think to look at myself because I was scared and uncertain. I thought, "Whoa, this is crazy! This is insane! Humans can't come up with this stuff." Then I thought, "Wait, this stuff really does happen." I was certain that God knew all my thoughts. He knew I was trying to understand what was happening. I had so many questions too. What was God all about? Who is worthy of God's love? He answered my unspoken questions right away because God and the Source know you completely down to every particle of your soul. God assured me that everyone is loved, and I should make sure they know it.

God introduced me to beings I call angels. I was scared at first but was surprised that I recognized them. The angel on my left side did not look human. He had male energy and was closest in appearance to a large beetle with huge lavender-grey wings. The wings looked thin and had the texture of silk. They were skinny and extended way out. The angel on my right side looked human. He had brown curly hair, tan skin, and was nearly 9 feet tall. His wings were bluish lavender and were tall and wide, extending about 5 to 6 feet.

I was so confused. None of this was what I was expecting or had the slightest idea about. I thought after death, I might be going to hell because of what I had been taught in church. Not to mention that I didn't even believe in guardian angels in the first place. They weren't part of anything I had ever been taught. Nevertheless, I found myself knowing and understanding so much in this strange place. Recognition and understanding were instant. I knew that if I went into one of the white clouds in the void around me, I was not going to come back to earth.

The angels offered me a choice—to go through the cloud or return to my life on earth. One of the angels told me I had so much to do for so many people. To help show that my experience was real, the angels showed me a view of my body on the ground with paramedics above it and my friend standing to the side.

I decided to go back to earth. I woke up in an ambulance, bewildered. I instantly blacked out. The next time I woke up, I was in the hospital. The doctors told me I had been in a coma for three days. They called me a miracle as soon as I woke up. My friend came to visit and told me that I said a few words while lying on the ground. I said, "It burns," and "Help me," in a quiet voice. The rest of the time on the ground, I was unresponsive.

I don't remember much about my hospital stay. Physically, I was all messed up. My face was covered in contusions and bruises. I had road rash on my arms and legs. There were X-rays and many tests. I lay in a tunnel-like machine that scanned my brain and looked for other injuries. The nurse who took care of me called me a miracle. I first tried to eat some Jell-O but couldn't hold it down. I couldn't

taste any of the food I put in my mouth. My balance was poor, and I couldn't talk much either. My tongue got stuck when I tried to pronounce a word. I didn't tell anyone about my NDE because I didn't remember having one until several days after leaving the hospital. I also had trouble speaking. The nurses at the hospital spoke kindly to me. They all encouraged me to be happy, reassuring me that I was still alive for a reason. Their acceptance and comfort made a big difference, and they weren't disregarding that I may have had a spiritual experience while I was near death.

My friend, who I stayed with while I was recuperating after my release from the hospital, remained skeptical of my experience. When I first shared it with her, she said it was simply from hitting my head, or at best, an unusual dream. When I brought up the subject in the future, she started to make fun of me and said I had been talking to ghosts. She believed there was nothing after death, and I was crazy. I was very disappointed. This eventually was part of us drifting apart as friends. I was very curious about what happened to me, and I didn't find explanations in religious or medical sources. My first clues to understanding my own near-death experience came from free online articles and YouTube videos. While the one person who stood over my dead body was never open-minded about my experience, others were different. Some of my high school friends were excited and wanted to learn more about NDEs.

I have been helped by joining Facebook groups with fellow NDErs and spiritual people. These people understand me best and have helped with my growth as a person. I have been exploring my spirituality and continuing to awaken to who I truly am as a soul. I have also spoken about my experience for the past two years at the International Association for Near Death Studies (IANDS) conference. A new circle of friends took me under their wing. They showed me the same kind of love I felt on the other side. I love my spiritual friends because I didn't have to hide who I am when it comes to them. We have deep conversations about love and life, and I feel understood and supported. This could have helped me years ago when I was

suicidal, but then I wouldn't have had an NDE that changed my life. All in all, I don't regret it. Everything happens for a reason.

Individuals with an NDE should seek out like-minded friends who are open-minded, generous, and caring. NDErs often become very empathetic and have to be careful that they are not taken advantage of. I had good experiences with my healthcare workers, but I know that others are not so lucky. Some NDErs have doctors who say their experiences weren't real. Healthcare workers should be aware of experiences like mine because these experiences are more common than most think. In the past few years, there has been an explosion of new videos and publications on NDEs from a diverse group of sources. Healthcare workers should study these as part of their training.



A Near-Death Experience: A Surgeon's Validation

Karen Thomas

I was a physical therapist employed at a hospital in Anchorage. I had suffered a ruptured disc in my low back. I was treated conservatively without improvement. I had previously had back surgery for a ruptured disc in 1977. The doctor I was seeing in Alaska advised me that surgery might be needed. It might require a spinal fusion, which would mean the possibility that I might no longer be able to work as a physical therapist. Surgery was necessary. I asked members of my church as well as family and friends back in New York State to pray and gave them the date of my surgery. I asked that they pray that only a laminectomy would be needed.

The morning of my surgery, my husband and 2 small children, daughter aged 9 and son aged 6, were in my hospital room with me when they brought the stretcher to take me to surgery. They were given directions to the waiting room that they

should go to while I was in surgery. Once I was in the operating room, I remember moving over onto the OR table and having the IV in my arm through which they then administered my anesthesia. The next thing I was aware of, I found myself very near the ceiling in the corner of the room— inches from the ceiling tiles. I became aware of the doctor swearing angrily and ordering nurses to get more bags of blood. I looked back toward the sound and saw my body being flipped from face down to face up on the table. There was quite a commotion of people rushing out and back in, and I remember how pale my face looked. I knew it was my body I was looking at but felt no alarm or concern. I remember moving effortlessly through the wall of the room and down a hallway out through the double doors of the operating suite. I couldn't feel any resistance or sense of touch when passing through the wall or doors. As I drifted down the hallway, I noticed an elevator door opening, and a man that I didn't know came rushing past the open elevator door. A voice told me to pay attention to the man, so I watched him, noticing that he was wearing a brownish jacket and that he was carrying something. He was hurrying toward the double doors to the operating suite and slowed near a man standing near the doors. I don't recall the words of each of them, but I heard them telepathically. The rushing man was irritated at having to take time to slow down while the other man didn't think that this man in street clothes had any right to enter the OR suite. Once the rushing man passed into the operating suite, I no longer watched him. At this point, I began rising through the ceilings of each floor in the hospital as though I was being pulled by some force outside my own volition until I passed through the roof itself and found myself in the sky above the hospital.

Once outside the hospital, I began to move much more quickly past the mountain range near the hospital and over the city of Anchorage at the height of an airplane. It was at this point that I realized that I should feel wind rushing past me and a difference in the temperature of the air, but I felt none of this. I remember rushing into a dark, cave-like area where I continued at even greater speed for some time before I became aware of a small bright light in the

distance in the direction that I was headed that grew larger until I emerged into this intense light. I looked down at the rocky ground below me where my feet should be and saw a rugged, rocky incline to my left. As I looked up the incline, I saw the back of a man proceeding up the incline and telepathically knew that I was to follow him. I examined his back and noticed long dark hair tied back with a leather tie, a short toga-like garment in rough, off-white material, and sandals on his feet with leather ties wrapping up around his calves. We reached a ledge that opened onto a gorgeous pastoral scene of vivid green grass studded with vibrant colored flowers unlike any I have ever seen. There were enormous shade trees scattered around, and beyond the field was a small river about 30 feet across. We came to the bank of the river and there, on the opposite bank gathered in a big group, appeared all my loved ones who had passed away. I saw my father and my brother first. They were as thrilled to see me as I was to see them. Then I noticed various aunts, uncles, and cousins in the group. Finally, I realized that a few people that I didn't immediately recognize were my grandparents, who had all died before I was born. I had never met them. I knew who they were and could telepathically hear them saying how much they loved me. I don't remember what any of them were wearing or even what they looked like, but it was them. There was no doubt in my mind who they were.

Before I could go to them, my Guide who had led me up the incline communicated to me telepathically that I had to go somewhere else first and that I must follow him. I again followed him around a bend in the river until I could see a beautiful Greek-style building that was vibrantly white with many steps leading up to it and huge columns in front. Lots of spiritual beings dressed in vibrant white robes were milling around outside, going in and coming out. My Guide took me inside, where it opened into an enormous library full of tables and lined with books. Many spirits were studying different books, and my Guide communicated that this Hall of Records held the Book of Life. We continued to a back room where some spiritual beings were sitting in chairs that

circled around a screen in the floor, providing a downward view like a glass-bottomed boat. They communicated that I was to watch my life, and then scenes appeared like a 3D hologram. I was able to re-experience myself in all these events in my life. I was also able to experience the impact of my actions and words on those other people with whom I had interacted. The spirit beings did not condemn me for those painful things I had done or not done, but I felt very sorry and sad about them within my own heart. It all seemed to happen very quickly but had a tremendous impact on me. I got the impression that these spirit beings had been with me and had helped me plan my life before I was born. They let me know that I would be able to return to my life if I chose to do so. Then they showed me some future events in my life if I chose to return to it—some that would occur and some that were possible but not definite.

There is a gap in my memory of what took place next. The next thing I remember is my Guide showing me the surgeon who had operated on me standing in the waiting room in his surgical garb talking to my husband while the kids sat behind them on a couch. I couldn't hear any of the words that were said. I only saw the scene. I was shown the image of the prayers being said by my family and friends—each one appearing like a musical note and linking one to another, reaching up toward me. Lastly, I saw my daughter's prayer forming the last link to reach me. Suddenly, all the emotional ties to my husband and children rushed back into me. Then I remembered being a little girl myself at the age of 7. I had prayed that my father wouldn't die, but my father died anyway. If I didn't choose to go back, my children would grow up without their mother just as I had grown up without my father. Hard as it was to leave this place, I knew I had to return to my life. My Guide said the future things that I had been shown would be removed from my memory because the choices I would make in my future would not truly be legitimate choices if I retained those memories. I would have enough memories to be convinced of the reality of my experience, and I would be given a sign as proof of where I had been. The next awareness I had was

waking in the recovery room with my husband and children. I remembered everything immediately. The 'sign' was not an object. It was the sensation of being completely enveloped in enormous peace and the unconditional love of God! It was both around me and filling me! This sensation stayed with me intensely for weeks to come. I knew that my experience was completely real and that God's love and peace that was with me during those weeks was proof that I had been in the spiritual realm with God. It was exactly how I had felt during the entire experience.

I was in the hospital for 12 days following my surgery. I had complete confidence that I would recover because I knew that I had come back to my life for a reason. I didn't tell my husband about my experience immediately. What a shock when the surgeon who had saved my life came to my bedside for a visit! It was the same man that I had seen rushing into the O.R. during my near-death experience! He was warm and kind. He cared about me and was pleased that I was recovering well. About a week after I was discharged, I had to go to this surgeon's office to have staples removed from my abdominal incision. I wondered about the message from my Guide about memories that would confirm the truth of my experience. I reasoned that, if the surgeon could confirm what I had seen him doing during my near-death experience that day, then it would certainly confirm the validity of my near-death experience. I wanted my husband to have no doubt about my experience either. He didn't seem to believe me, which hurt me deeply. After my exam, I told the surgeon that I wanted to ask him something about the day of my surgery. I told him that after my artery had been cut during the back surgery, my spirit had left my body and traveled out of the OR. I told him that I had seen him in the hospital hallway. I saw him rushing toward the operating room suite in a brown jacket and carrying something. He was annoyed to be slowed down near the doors to the operating room suite and that he was anxious to get in there. I asked him if that had happened. He said, "How could you know that? I had been at my office when I was paged to come to the OR to do emergency exploratory surgery to attempt to save

your life.” He was amazed but listened kindly. The fact that he had come to the hospital in street clothes was an unusual circumstance. He confirmed that to both myself and my husband.

I located him again a few years ago and emailed him to thank him. He remembered me and my NDE, as well. My surgeon’s kind response when I originally shared my NDE with him probably saved my marriage by helping my husband know it was true. If only all medical personnel could do the same!



To Tell or Not to Tell?: A Near-Death Experiencer Shares Her Story with Her Healthcare Providers

Erica McKenzie

I remembered the rotation I had on the psych ward as a nursing student, where I felt like the patients were abandoned people. By the end of my psychiatric rotation, I had become completely troubled. Why was there no mention of non-medicated psychotherapy or emotional support for the individual going through a “spiritual emergency” or crisis? I learned in school that medication was the most “therapeutic” way to treat “crazy behavior and delusions.” Yet, when conventional interventions failed, and patients faced a lifetime in a psychiatric ward, where was the patient advocate? The person who would take a stance and communicate, “Since this isn’t working, perhaps first we should actively participate in holding a safe place for these individuals to be heard and supported instead of pathologized and labeled as crazy? What if, in doing so, this act of compassion would become the needed ‘detox,’ and then a positive therapeutic protocol could be implemented?”

Years later, I found myself in the exact same position as some of the patients I had encountered in my training—medicated and pathologized because I had an experience the medical professionals couldn’t explain.

Call my near-death experience crazy if you must—you won’t hear me challenge it. But what does the label “crazy” really mean? And does it constitute a solution if the cure comes in the form of a pill with a diagnosis of psychosis attached to it? Perhaps I was just run-down and lost, or just maybe I was having a “spiritual emergency.”

After my NDE, I realized that patients need to be given a “safe” environment where they can share such experiences without being judged. They deserved to be cared for and understood by an educated, empathetic, and nurturing staff. I couldn’t help but feel most of the drugs administered to the patients, including myself, acted as a Band-aid, decreasing or camouflaging their symptoms temporarily. I noticed the drugs affected the proficiency of many of the patients to think clearly. Even more disturbing, I sensed the drugs were inhibiting the ability of numerous patients to communicate with the Divine.

I’m not passing judgment on any institution or medical professional. That’s not why I was sent back. Instead, I am identifying, through my experiences and lessons learned, that there is an urgent need for education on this subject. My NDE, “spiritual crisis,” and after-effects were a vital component to my healing—it was the exact medicine I needed.

Following my NDE, I identified the need for enhanced education regarding such extraordinary experiences and the implementation of a spiritual component to healing protocol. I soon found myself embarking on a global journey speaking at conferences. At one conference, I had the privilege of sharing the stage with several Afterlife research experts who focused on proving the non-ordinary states of consciousness. I recalled one researcher suggested that “A large group of spontaneous episodes in non-ordinary states of consciousness, currently diagnosed as manifestations of serious mental diseases and treated by suppressive psychopharmacological medication, are actually difficult stages of a process of psycho-spiritual transformation.”

At that moment, the room began to spin, my jaw dropped, and my heart began pounding out of my chest. At that moment, I felt faint as I recalled my

own NDE. I began to relive the first moments, following it in hyper-speed:

I was unconscious and taken to the emergency room via ambulance. Floating near the ceiling of the emergency room, I found myself staring at my lifeless body. It was my body, but I also knew the real me was not attached to that body. I honestly didn't think I could shove myself back into what had once felt so familiar, but now I identified as foreign. I knew reintegrating was going to be overwhelming and painful. That body wasn't me!

I was limitless, powerful, filled with God's love and light. I carried the knowledge of the Universe. I carried God's message and lessons. I was a spiritual being, not that limp, worn out, abused body on the gurney. It was too confining. Nonetheless, in a split second, I was shoved back into my limp body like a hand in a glove, only the glove was too small.

Each part of my spiritual body squeezed its way into my physical counterpart. My body felt heavy and confined as if I'd been zipped inside a jacket two sizes too small. All the feelings attached to my sick and exhausted body assaulted my spiritual one. My chest hurt, along with the rest of me. This was an enormous let down from the light-filled vastness of Spirit I had just experienced.

When I awoke the next morning, I tried to speak, but nothing came out; I was too exhausted to even try. I didn't know how much time had passed. I didn't feel good, and I was desperately trying to make sense of my NDE. At that point, a doctor walked into my hospital room.

"Mrs. McKenzie, how are you this morning? My stomach cramped. Oh God, here it comes! Like a gushing unexpected wave, I was going to throw up. I reached for the pink bedpan to catch my vomit. But then I realized it wasn't vomit coming up. It was my voice. I was throwing up my voice.

"Doctor, Doctor, Oh my God! I have to tell you where I just came from!"

There was no hesitation as the words just flew out of my mouth, and I had no control over what came out of me. "I've just been to Heaven, Hell, talked with God, and learned so many things! I was given two life reviews and filled with the knowledge of the Universe. I saw the Earth in flames and

by the way . . . Heaven is a planet. I didn't want to leave this place because I knew I was finally 'home,' but God told me I couldn't stay because my mission was just beginning. Before coming back into my lifeless body, I found myself at the edge of Hell, and it was there that I went on to experience a multitude of lessons."

The Doctor cut me off immediately, turned, and hurried out of the room. He didn't acknowledge one word I said. He didn't even complete my needed health assessment. I'd just been to Heaven, Hell, and back, and the first person I told couldn't exit the room fast enough. A doctor is supposed to help you. What had I done wrong?

The door to my room was still ajar, and a nurse who had been standing in the hallway charting her patients peeked inside. She entered the room and sat down on the edge of my bed. As she leaned in toward me, she pressed her finger to her lips and told me to be quiet and listen. She said that she had worked for that doctor for years and that he was an atheist. She believed that sharing my NDE may cause him "to cross a professional line" and determine my "mental status" from a personal, not professional level.

She told me that it wasn't the right time to tell my story. I knew she was afraid for her job, and she was helping me at great personal risk. A few hours later, I was transferred to the psych ward.

It was there that hours quickly turned to days as the staff would make us feel comfortable so that we could talk about our experiences. In a moment of weakness, coupled with the prescription drugs I was forced to take, I shared what had happened to me. I convinced myself I was in a safe place, so I had to try. And what did they do? They increased the dosage of my meds until I couldn't function. I learned after testing the water a few times not to speak of anything about God, my trip to Heaven, Hell, or communicating with Spirit because, if I did, it meant I was schizophrenic or bipolar or having delusions. I've never felt so powerless. I was drugged, kept away from my babies for nearly a month, and made to feel I was crazy.

It seemed the more I shared, the longer the list of new medications grew despite my plea that I wasn't

“crazy.” With the medications came suicidal and racing thoughts, drooling, night terrors, and dizziness. I was shaking and pacing uncontrollably. I could barely function. I kept waiting, praying for someone to believe me, but it felt as though no one did.

I realized that I was going to remain drugged and away from the people I loved most until I was able to clearly demonstrate I was clinically speaking, “better.” I remembered the emergency room nurse warning me not to talk about my story, so from that moment forward, when asked to share, I denied my near-death experience ever happened. Over time, it was determined the medications had reached a therapeutic level, and I was able to return home to my family.

It was there where I finally found the courage to start listening to my feelings, intuition, and God first, using them as powerful tools and as a catalyst for creating a healthy life. This meant instead of expecting the doctors (or anyone else for that matter) to know what was best for me, it was time for me to get real with myself by taking full responsibility for my health. I discontinued outpatient therapy and all of my medications.

I don’t blame myself, the medical professionals, or anyone else for what happened to me. I see now that God needed me to experience the state of our healthcare system through the lesson of having been committed. It prepared me to see firsthand how broken the system is and how that affects the patients so I could help change the health care protocol and support the people, teaching them to become self-advocates.

I am thankful for the experiences in the facility because these lessons have shown me how strong a person I really am. It’s true that no one can define my potential greatness. But I don’t have to be a victim, and that is empowering! Prior to my NDE, I’ve spent my entire life trying to be everything to everyone, and in the process, I lost myself. I have loved many, but I couldn’t love myself. I didn’t think I was good enough or deserving of that self-love. Now I see that way of thinking was not healthy. Now I am led in the opposite direction of becoming a self-advocate and completing my earthly mission.

In the distance, I heard that expert’s voice pulling me back to reality as he shared a closing conference thought, “In view of the absence of a clear consensus regarding the causes of functional psychoses, it would be more appropriate and honest to acknowledge our complete ignorance as to their nature and origin and use the term disease, only for those conditions for which we can find a specific physical basis. Thus, we can open the door to novel approaches to at least some functional psychoses, yielding new perspectives that differ from the medical view of disease. This includes first considering treatment with a non-pharmaceutical approach.”

My NDE has not changed my life. It has given me life by opening my eyes to see my value. It has reawakened me to the real Erica, the little child who was in touch with God and His gifts before I let fear in. Listening to my feelings, intuition, and God first, I found that I knew what was best for me, which meant I could finally begin to fully access my blueprint. It was time for me to get real with myself by taking full responsibility for my health. So, with the support of God and my family, armed with my tools, I began the long and challenging road that would lead to healing, valuing my life, and becoming an advocate for myself and others. My hope is not just to have the strength to change but to also be the change needed to bring light to the world.



The First Time I Died

Rynn Burke

Much of my life can be characterized as ‘Failure to Die.’

In February 1962: I was 18 months old. My mother ironed my hand. She did this intentionally, as she did so many things. Medically, I know that I eventually went septic, required multiple surgeries, and developed scarlet fever. I was in the hospital for months. But what was outstanding in my memory was the pretty ambulance lights,

which I associated with the pain stopping. When nerves are deeply burned away, as with a third-degree burn, the pain stops. It is a small surprise that I always wanted to run ambulance, which I eventually did.

The first time I recall the experience of dying, I was eight years old. I had many severely painful plantar warts—to the point where a breath of air or the lightest drag of a sock was excruciating. This was not a high-risk surgery. It was not common practice to explain anything to children—we were to shut up and do as we were told. When I was first admitted for surgery (I had had many surgeries by then and was quite comfortable in the hospital environment), I was hungry. Of course, we all now know that you do not eat prior to surgery, but nobody told me that. I found a bag of M&Ms in my bedside table and chowed down. I was uncomprehending when they came in to transport me to surgery, and everybody started screaming at me. Clearly, I had done something wrong, but I did not know what. As a severely abused child, my overarching objective was always to avoid attention, which brought pain. I always felt it was my job to avoid the abuse. I was very good at being very quiet, still, and disappearing in plain sight. Abused children always blame themselves.

The surgery was rescheduled. I was likely more carefully supervised, and I don't recall being hungry. In any case, the operating room was a dull pea green color. The anesthesia mask was black rubber and stunk badly. In those days, they used ether and other volatile gasses. We still use these, but you are put to sleep with an IV first, and the gasses no longer stink. I fought the mask, and I remember crying. Obviously, I was held down and physically overwhelmed. Much of medical interventions resemble rape.

The next thing I remember is being up on the ceiling of the operating room, looking down at myself on the table. There was no distress or discomfort. I was alone but felt that there was someone looking over me or looking out for me. I heard and saw everything going on in the OR. Initially, I detected no urgency. Then the anesthesiologist started sweating and double-checking his equipment. He reached over to the bag and started squeezing it manually.

A woman who I think was a nurse started taking another blood pressure. The surgeon working on my foot looked up and decided to work a little faster.

My experience was sort of like floating without any fear of falling. I was given a choice. I could join my relatives who were waiting for me. There would be no more pain. This was a totally okay choice that was available to me. But there was an undercurrent of another choice that might be more approved of, better, more exciting. The other choice was to go back and learn more. Clearly, the purpose was to learn. The objective was to learn everything possible. How fun is that! The choice was also clear, though, that there would be pain. I remember glancing 'back' somehow. My relatives were not clear—they were more vague presences. They would wait. They did not feel that I needed to come now. Nothing would change. They would be there when I needed them. My choice was obvious. Re-entry was not pleasant—jarring and harsh with immediate pain.

I told the OR team about what happened to me as they were wheeling me back to my room. One woman said, "Nonsense." I told her I knew she had not been in the room during the surgery. She was very angry when I said that. When the surgeon came in the next morning, and I told him, he laughed as if I was a small child telling stories. My father, however, raised his right eyebrow and listened. A few weeks later, we were out getting donuts after Mass (honey dip and Sprite for me, old fashioned and regular coffee for him), and he said he had reviewed the medical record and possibly what I said was true. He told me about the UFOs he saw from the hospital balcony when I had scarlet fever. My father was part of Project Blue Book for the Department of Defense and could never explain those sightings. In our later years, he realized that from the age of 6 months, I have had a near-continuous, near eidetic memory. In his 90s, he finally decided that I speak the truth.

This Near-Death Experience had a profound impact on me. I did not associate the presence I felt with the Roman Catholic God I was raised to believe in. The presence felt more like a kind, welcoming counselor or teacher. I did not become religious from the experience. I did become a fanatic

about information and learning. I remember my elementary school and town turning out to search for me when I was missing for six hours. I was “lost” in the school library reading through the entire section on world religions. I still love learning about world cultures. It was shortly after this operation that I took more than seven hours to look something up in our home encyclopedia because I kept getting caught by so many interesting topics, particularly biology-related topics. This is the first time I remember wanting to be a doctor—motivated more by wanting to know everything about how the body works rather than out of a desire to serve.

I’ve had other near-death experiences. I attended sleep-away Girl Scout camp every summer from the time I was six. We had assigned classes daily, including swimming and boating for all, and patrol chores that included cleaning lanterns and latrines. All girls helped clean up together after every meal. I adored it and thrived until one summer when the council bought a new camp, and the older girls were switched to attend there. That camp was outfitted with wood cabins rather than tents, flush toilets, and showers. I hated it. There was an extremely limited swim area. I was a stellar swimmer and was used to doing extra water survival classes in addition to regular swim lessons. The swimming director was always challenged to come up with something to keep me busy and out of everyone’s way. To be restricted to a small area where I could not even do laps was boring, to say the least. The deeper area of the swim section was also occupied by a massive granite boulder. I would sit cross-legged on it, underwater, for as long as I could hold my breath.

One day my foot slipped into the crack in the boulder. I was trapped. I was calm. The sun was streaming through the water in a manner that is so vivid to me to this day. I knew I was out of air, but I don’t remember breathing in water or choking or anything. Again, I was peaceful. I am sure I passed out, I don’t recall being rescued, just an on-going vision of those glorious watery sunbeams. The presence again gave me the same choice as before (in my prior NDE). It would be totally OK to stay and not go back. But there is still so much to learn. If I chose to return, it would be to be able to learn more.

I don’t know how much time passed. The next memory I have is being in my father’s green station wagon and being driven out of camp. All my gear (like my old footlocker) was in the car, so clearly someone had packed me up. I was upset that I did not have the opportunity to thank the lifeguard. We drove to where my family was staying at a cottage on the Cape. I have no memory of being evaluated at a hospital. I never returned to that camp.

Again, I was profoundly impacted. I am not afraid of death. Death seems to be a comfortable transition. I think when I counsel patients in whatever stage they are, I do so without an underlying fear. Even if not discussing death specifically, my comfort level is, I think, reassuring. When I became a Pediatric Intensive Care Nurse, the unit I worked in had a 50% mortality rate. We were the referral center for the sickest of the sick. Children were flown in with everything from cancer, kidney failure, heart-lung transplants to locally-acquired severe trauma. I was there in the early days of HIV. We lost our entire population of hemophiliacs, myelomeningocele patients, and most sickle cell patients from contaminated blood products. Many nurses struggled with death and dying in pediatrics. I struggle with pain and distress, but not with dying. This made me uniquely competent to be able to stay present and available to these families. I later spent many months training in Intensive Care Units for both adults and children because of my comfort level. I took a Fellowship in Hospice and Palliative Care. My near-death experiences have allowed me to contribute to numerous passings in a comforting and peaceful manner.



My Deaths Direct My Life: Living with Near-Death Experience

Peter Baldwin Panagore

My first NDE was transcendent, ineffable, unitive, and in the aftereffects, noetic. I can only speak of it in metaphor, there is

no other way. It *was* and always *is* timeless. It was the end of duality and the beginning of Unity. I remembered who I was, what I was, and to whom and where I belonged. I died of hypothermia far from medical care and was carried to Heaven by an intelligence who had no form and was a power beyond my comprehension. My body was left behind unneeded, unwanted, and discarded. I understood that the world I had left behind was a world of forgetfulness. I was never my body; instead, I had inhabited it like an avatar. My consciousness and soul were safely Home and contentedly existed inside infinity like an orb of awareness living inside an eternal-illuminated greater darkness, content in timelessness.

A gigantic portal of light appeared, which I saw with the single eye of my soul. I was my eye, my ear, my mind, my thoughts all separations in me had been fused into oneness. The gateway flowed like a river of light, being transparent and translucent, and opening into an everlasting tunnel, the end of which was beyond my sight.

My consciousness reached out, my desire was for the light. I touched the river, and it flowed into me as I rushed into it. The voice called me by my ineffable soul name, which I heard with my soul. There was no sound. There were no words.

I tumbled into a hell of my own making where I experienced all of the intentional and unintentional sufferings that I had given away over my lifetime. Simultaneously, I experienced in sequence all of my justifications for causing pain. I shrunk in shame. The lens of love that I carried with me was given love in life. I had given love away in life. I saw mercy and the abundant warehouse of love.

Oneness infilled me. Truth, joy, love, beauty, wholeness, healing, mercy, charity, forgiveness, action, isness, being, goodness, knowledge, understanding, awe, adoration, bliss, and paradise—all these good things that we on Earth experience as separate are not separate. They are all made of love, which one drop more of would have obliterated me, casting me into pure unity. It was a divine agony of desire from my Beloved.

I saw Creator create me, and keep creating me, right until this moment, light from light, and saw the everlasting long tail of my soul, and knew

myself as a separate creature, a photon of light, being wave and particle, separate and oneness simultaneously.

Any knowledge I desired filled me instantly, and I understood the structure of the world and why it is the way it is, and how it is made.

Telepathically, I conceived, “Am I dead?” The voice instantly and self-evidently God, said, “Yes. Come stay with Me. Welcome back home, My Beloved.”

“I cannot die now,” I said.

“Why not?” asked my Beloved. “See, my love for you was, is, and will always be a septillion times greater than all the love you have ever known.”

It was true, and yet, I resisted, and then at the speed of thought I was carried by the divine and shown a hologram of all the earth, and I saw every one of the seven billion humans, each one Beloved just like me but each on Earth blinded to infinite love that heals all wounds.

I saw the faces of my parents and could see their future without me, and with me. I knew, and know, that all was well, is well, and will be well for everyone, including my parents.

“Come stay with me, they will be well because of my love.”

“If I go back to help them through their lives by not dying now, may I return to this Oneness of Being? This Heaven inside me? Your forgiveness through love?”

“Yes,” said the genderless voice.

“I choose to live my life,” I said,

“You won’t live yours. Yours is over. You belong to me.” God said, and sent me back.

A solar system sized compressed collection of a million trailheads and trails appeared, leading to a billion intersections at the center of which was a laser beam of light that radiated light like a star out from the center to the edge of all the trailheads. I picked a path not in the center beam, but inside its radiance.

Reentry into my DNA body was crushing, painful, and confusing. Re-incarnating into my body’s brain and senses took time.

Slowly my brain and body came back online, I thought, I moved, I felt pain again, and then finally processing sound into meaning, I heard screaming.

My body was harnessed one hundred and fifty feet up the side of an ice climb and clipped by carabiners to tether on the mountainside where I had died before dawn from hypothermia inside Banff Provincial Park, in Alberta, Canada in the winter of 1980. I opened my eyes and tried to make sense of it all. It was so alien and confusing to me. I did not know where, who, or what I was. All that came back slowly, as my mind deciphered the screaming of Tim, my climbing partner, who repeated in panic, "You were dead. You were dead. You were dead. If you died, I was going to die, too!" Tim helped me stand. Minutes passed as he talked, I re-adjusted back into the world.

Our rope, which only I could reach, had been stuck for hours through the night. Tim told me to pull the line, and suddenly it pulled free. We descended from the final rappel of our day-climb that had begun twenty-four hours earlier, and that lasted eighteen hours longer than it should have. I was a member of the National Ski Patrol, and so we self-treated for frostbite and hypothermia by slowly raising our temperatures in our winter tent, and eventually blasting the car heater in the parking lot across the Icefields Parkway.

Reflecting back on my NDE, the experience made no sense to me. I had no frame of reference except Heaven itself, which was present during my NDE and yet much obscured from my view. The voice kept telling me to speak what I had learned but gave me no words. I was a stranger in a strange land, an avatar inhabiting biology, living inside and as part of a world that was alien to me in every way imaginable. My memories, characteristics, knowledge, skills, and personality were all the same. I was the same person and not the same person at the same time.

My life changed. After completing my BA in English, I declined my acceptance to a graduate school in architecture, and then, as was the plan, join the family firm. Instead, my life became intensely spiritual as I veered toward a Trappist Monastery, Za Zen, Centering Prayer, and Kriya, Hatha, Kundalini, Ashtanga Yogas. I matriculated at Yale Divinity School and designed an independent study of the history and practice of Western Mysticism under the supervision of a Dean. I

sought and found among long-dead Christian mystics, concepts, and a language on which to hang my experience, a peer group, and spiritual practices to enhance my private mediation practice. The Eye of the Divine is always on me. There is nowhere for me to run or hide. I tried to hide even as I sought the *mysterium tremendum et fascinans*. The purser was pursuing me whether I ran or whether I pursed. I chose to pursue The purser like mystics before me. I embraced a life long inward journey by always seeking the divine within, which enables me to increasingly see the divine light in everything, all the time, everywhere, and give me strength and balance while I live in this world.

The Dean talked me into joining the United Church of Christ, and I got ordained, served churches and communities mainly along the Maine Coast while teaching love in word and deed.

I kept my NDE a secret for twenty years, including most of my time as a pastor. I did talk to my cardiologist following my second NDE, which occurred 35 years after my first. I died during an hour and a half ambulance ride. I had a hundred percent blockage in my left anterior descending artery. It took thirty minutes from the onset to get to the Urgent Care Center, from yoga class. The local doctor gave me a decoagulant shot that gave me a three percent trickle through of blood where I needed it most. I refused opioids because they make me nauseous and vomit. I meditated to control my pain, as was my practice.

During the long ride, my friend, the same 'angel of death' who had carried me Home to Heaven in my first NDE, came for me again. It was time to go Home. I let myself be lovingly taken up through the tunnel toward Heaven until suddenly, I thought about my newborn granddaughter, whose mom was suddenly single, alone, and coming home. Who would be my granddaughter's father figure, if not me? I let love and caring pull me back into my body. I chose to stay to help, knowing one day I will finally obtain my heart's desire; to be Home with my Beloved in Paradise. I told my cardiologist my second NDE story. She looked at me blankly and said nothing for minutes as I watched her process precisely what I had said. She blinked, and then she went on as if I had said nothing about it at all.

This was not surprising to me as it is often, but not always, the case with strict empiricists.

Nurses, on the other hand, more often listened readily, and then replied with stories of similar circumstances that they had seen. Clergy and chaplains are generally out of their depths in such things unless they, too, are hidden mystics.

I told one friend a year or two after my first NDE when we were sleeping side by side in sleeping bags below the ridgeline of a mountain range. A couple years later, thinking it unfair to my bride to not know about this essential part of my life, I told her on the night before we married. Later that year, I told one other man.

None of those three knew how to react. Their blank, concerned or wondering stares were the same looks I got when I came out to my entire congregation from the pulpit following a near-catastrophic event and its loving resolution in the congregation's life that forced me to tell the truth publicly. Within the week as word spread around town, six near-death experiencers who had never told a soul came to me to tell me their story. Through television and books, I came out statewide, then nationally, and internationally.

My second NDE sealed the deal with me. I tell everyone, in a thousand ways, love is all there is, God is Love, and love is the treasure of life and of Heaven. Some listen, some don't, and either way is fine with me. Some see the light in me, some see nothing, some turn their backs and laugh, others turn their religious tempers toward me, and some do not understand, but like me anyway.

Newbie NDErs: Talk about your NDE. Describe it to your family and tell your health care workers. Be brave. Trust what you saw. Say it out loud. You know it is real. Seek other NDErs online and in person. Speak to them. Know that it can take a decade to re-integrate in this world. Get help to make sense of what happened to you. Please, understand that in this world, we only know in part. Here we peak through the veil. Your relationship to yourself, to family and friends, and to the world at large has changed. Embrace it.

Healthcare workers—listen to your patients, and please understand that the experience is real to them

even if you do not understand it. Ask questions, encourage the newbie NDEr to talk about it as much as possible. Get educated in the symptoms of NDE and learn to understand that such experiences are disorienting. Watch NDErs tell their stories on YouTube. Read books about it. Talk about it at staff and committee meetings. Medical science has, in large part, created the NDE phenomenon, and medical science is now decades into studying it. Read up on the science of consciousness.

Because of the severely life-changing and persistent aftereffects, NDEs are major disruptors—often reorienting every internal and external aspect of the experiencers being.



Creating an Extraordinary Life After Near Death

Sue Pighini

My first NDE was in 1972. I was struck by lightning while mountain climbing in Arizona. I was struck through my right arm into my body and out through my left leg. I was unconscious, and while in this state, a voice came to me and said, "You cannot leave now. You must go back to the children. (In my mind's eye I could see my two very young children.) You must move your legs back and forth, back and forth, to keep the 'fire' from reaching your heart." I did that and came back into consciousness and could feel my clothes had melted off my body because I was so cold. I could not get up. My husband, at the time, ran back up the hill from re-starting our motorcycle to put me on his shoulders and get me to a log cabin nearby. The cabin had a phone, and my husband called 911. I was then taken by ambulance to the local military hospital to check out my heart and see if I had sustained any cardiovascular, muscular, or tendon damage. I did have a heart murmur as time passed, and my left leg is now shorter than my right. Frequent exercise has been my saving grace.

I did tell my husband about the voice and visions, but he told me to keep quiet because my experiences could damage his career. He didn't believe me. The doctors just listened and said nothing. As might be expected, I divorced my husband several years later because I felt totally unsupported in this extraordinary encounter (as well as in many other aspects of our married life).

I did not know what to make of this spiritual event. What it did do for me, however, was propel me into fearlessness in life. I felt connected to some type of energy that was definitely more powerful than I was, and this force had urged me to expand myself without limitations. There was no support from the medical community. I just knew on some level that I was supposed to go out on my own and take chances to birth my dreams in the largest scenario possible. I did just that.

I divorced my first husband. I went back to work and took many risks to maximize my opportunities and became a marketing vice president in New York City. My children's welfare was my driving force. I remarried and loved this new life to the extent that I could oversee 3 stepchildren and a new life of business travel. 20 years later, I became the caretaker of my second husband, who was ill for 10 years and who later passed. I don't think I could have been there for him for so long if I didn't feel that I was supported by an extraordinary energy. I wrote my first book, *Bootstraps: A Woman's Guide to Personal Power*. I rode and bought my first horse, who, to this day, is the love of my life along with a herd of 5. #FearlessLiving has been my mantra.

My second near-death experience was in 2016, though I had had several spiritually transformative experiences from 1972 to 2016. I had just published my second book, *Expect the Extraordinary*, and was on a call-in radio interview. I was looking out my office windows across the front pastures of our farm (I was now remarried for the third time) looking at our horses as I spoke to the radio host. I unexpectedly saw a very large white ball of luminescent light coming across the pastures. It quickly came through the window and into my forehead. I was semi-paralyzed and fell to the floor. I quickly got off the interview call and speed-dialed my husband on

my cell. He knew immediately what was happening because he has a medical background. Paramedics came quickly, and I was rushed to the local hospital, which couldn't treat me because they could not find the bleeding brain aneurysm. I was sent to a different hospital where a very gifted neurosurgeon found the aneurysm bleed after three angiograms. As I was going in for the third angiogram, I was on the operating table, and another voice came to me: "We have you!" I then looked around and saw 12 small, childlike angels surrounding the table along with one very large angelic being standing over my right shoulder, smiling. I knew I was going to be OK. The aneurysm was repaired with three platinum coils in my brain near my right ear. Worldwide, I am one of 15 recorded people who have survived this type of aneurysm, in this location, over the last 25 years.

When I mentioned to the surgeon that I had a second near-death experience (he had a copy of *Expect the Extraordinary*), he just smiled but said nothing. Whenever I have mentioned that I had a near-death experience, most doctors shy away from me. The nurses who have cared for others who have undergone close life or death situations are always very interested and ask where to purchase the book.

I am now on a speaking tour, talking about how each of us can take life-changing events and use them to "Light Up Your Life." We can help ourselves and others with our experiences. I want to let everyone know that they are never alone and that they can ask the non-physical universe to support them in their endeavors to make a difference in their own lives and the lives of others.

If I could help others through this extraordinarily life-altering experience, I would tell them to see near death as a gift. The NDE is the message—living a full life is the mission. I would tell them to share their unique insights with others and search to find people of like-mindedness to connect with, such as through IANDS (the International Association of Near-Death Studies). Then—and to me, this is most important—what are you going to do with the wisdom of this experience? What intuitive understandings have come to you? How can you help others?

For family members and healthcare providers, I would strongly suggest that you listen intently to the individual who has had the near-death experience. Then, ask them to write it down in detail, for their own future understanding. This helps coalesce what has happened. With these details, we can put order to the event and help us believe that we are not totally irrational.

I would also like to say that when you have had more than one NDE, you realize that you are a magnet for connections to the non-physical. You want others to know that they are never alone and that there is guidance and love beyond what we, as humans, think possible.



My Moment in Eternity

Tony Woody

I'm a retired US Navy Chief Petty Officer with 22 years of service. I was an Instructor Flight Engineer on the P3 Orion aircraft for twenty years and logged over ten thousand flight hours. The P3 Orion is a 71 ton four-engine heavyweight turbo-prop aircraft designed for long-range maritime patrol missions.

One does not have to physically die to have a Near-Death Experience (NDE) or to have a Near Death *Like* Experience (NDLE). The psychological and emotional after-effects caused by an NDLE are identical to those experienced by someone declared clinically dead whether the body physically dies or not.

People who have crossed the veil and returned are called "Experiencers." As an Experiencer, I lived in spiritual crisis with a moral injury for decades. I needed help but never got any because I wasn't believed by anyone I tried to talk with about what happened to me. These "Experiences" are happening to soldiers around the world while in combat or during some other non-combat, traumatic event like what happened to me during an emergency engine-out landing that didn't go well

causing our plane to depart the runway, which triggered my spiritual experience while doing my job as the flight engineer. That means the number of people being clinically affected after an NDE or NDLE type event is far higher than currently understood or believed. That alone makes this an enormous military readiness concern, not to mention a huge concern for front line providers and clergy as well. After I had my "Experience" in the Light, I urgently needed help to understand what exactly happened to me, and I lived in spiritual crisis mode for over two decades without any real professional help. That is the essence of the "Gap in Care" problem that's unknowingly creating moral injuries. Something must be done to bring more awareness to this problem, ergo my primary reason for sharing my story.

Unbeknownst to me for years, my "Gap in Care" moral injury and my NDE aftereffects affected my ability to maintain proper military readiness even though I hid it well from everyone, including myself, until I didn't. I didn't even know I was struggling with NDE aftereffects for years. All I knew was I desperately needed help getting answers and to understand exactly what happened to me. Instead, I got no help at all due to a "Gap in Care" culture. I can assure you there are many more people out there suffering emotionally than just the people who physically died in a professional clinical environment during a medical emergency and then lived to tell about it later. For that very reason, I made a video at the following link discussing the psychological impact of NDE Aftereffects <https://www.youtube.com/watch?v=p3aAk8AKRQg>.

Here's what happened. In 1982 during an emergency engine-out landing at Naval Air Station Barbers Point in Hawaii, the aircraft suddenly departed the runway at 135 knots (just over 155MPH) due to pilot error on the landing. We narrowly missed slamming into a firetruck that was prepositioned a mere 100 feet away off the right-hand side of the runway. The moment I realized my death was just seconds away was the most helpless, hopeless, and terrifying moment I have ever known, and it caused a raw, visceral terror within me that somehow triggered a spontaneous Out of Body Experience (OBE) while I was wide awake doing my job.

My perception of reality suddenly changed. Time itself slowed down, and I began experiencing the sense of being in two distinctly different places both inside and outside the airplane at the same time. I was totally confused and desperately trying to understand what was happening to me. I was stunned at how much went through my mind when I knew I only had a few precious seconds left to live. Nothing in my twenty-two years of military training ever prepared me for anything like that. It absolutely rocked my world and changed my life forever.

My OBE in the plane was later followed up by a full-blown Spiritually Transformative Experience (STE) two days later in my bedroom. When that happened, I instantly understood I was in the presence of my Creator. Believe me, you can't not know that when you are there! That's because the Light eternally expresses unconditional Love, Wisdom, Purity, Power, Perfection, Life, Light and Energy on a Cosmic scale in all directions and "all that exists" (I don't know how else to say it), is coming straight from the eternal Unfed Heart Flame of the Mighty "I AM" Presence whom I call my God. I personally witnessed the genesis of all creation in the void by our Creator. Apparently, I caused that to happen myself after saying a simple little silent prayer in my head two days after the aircraft incident. I still don't understand how, but my Out of Body Experience during the aircraft incident opened some kind of a "spiritual doorway" two days later in my bedroom while I was sleeping.

Two days after the aircraft incident, I was at home relaxing with my wife and son watching a TV show called "That's Incredible." This particular episode was about a man named Leslie Lemke, who was totally blind and severely mentally disabled. Leslie spontaneously and miraculously became a singing savant pianist though he never had any singing or piano lessons. While watching the show, I knew in my heart I was seeing a miracle. That night I said a silent prayer before falling asleep. That little prayer profoundly changed my life forever and went like this. "Dear Lord, thank you for letting me see my first miracle on the TV tonight. It would be nice if you could do something like that for me someday."

I will never underestimate the power of prayer again because that prayer set my life on a path I never saw coming. While I was sleeping all of a sudden *BOOM*, I was suddenly experiencing the essence of the Being I know to be God and was astonished at how insanely in Love with me God is. I was instantly overwhelmed and stunned beyond cognitive ability with God's Love. It felt like I was God's most important concern in the entire Universe at that moment while being enfolded in God's divine Love and Peace in the void, the "Great Silent Chamber," where I was somehow allowed to be "One" with God and all of Creation. God's personal feelings were powerfully and harmoniously flowing through the very essence of my being. I knew God, God knew me, and there's no such thing as separation while in the Presence of God.

The astonishing glorious beauty of God's Light and depth of emotions within the void, which was fully enfolding and enveloping my own emotions, is forever seared into my consciousness. I no longer fear death because of my Experience. I'm not saying I'm looking forward to the process of dying, but I'm not afraid of what comes after death either. That's because I know God's divine Light, Love, Purity, Perfection, and Beauty that I witnessed pouring out in all directions filling and enfolding the very essence of my soul with living Light and Love, will be waiting for me when I die. I've witnessed the Unfed Flame of living liquid molten golden-white Light coming straight from God's own Heart, creating, expanding, and infinitely expressing divine Love to all of God's children and Creation forever.

Clearly, that Experience rocked my world. I desperately needed help afterward because of something called "NDE aftereffects" that get exacerbated when a "Gap in Care" occurs usually due to untrained first responders, clinical providers, or clergy personnel who don't even know what an NDE or NDLE is; ergo their collective ignorance regarding NDE aftereffects institutionally speaking. Many first providers are unwittingly and unintentionally inflicting moral injuries due simply to their ignorance of the NDE phenomena and its aftereffects. The need for a standardized training program regarding NDE or NDLE types of experiences is immense. Hopefully, my testimony will lead to a

better protocol designed specifically to help front line providers clinically identify and recognize NDE and NDLE symptoms and aftereffects without judging, stigmatizing, or assuming mental illness or some other potentially errant diagnosis first. A front line provider's reaction to what a patient is saying about their NDE will have lifelong psychological impact one way or the other.

The quickest way to lose your security clearance, job, and military career is to tell someone with authority over your career that you personally met God. I learned that early on, after being warned by a Navy Lieutenant Commander, my pastor, and essentially my wife as well, when all of them made it clear in their own individual ways that I had better stop talking about it. So I did for over 20 years, and as I've said many times since, that was a very big mistake. In that window of time, I struggled with alcohol, divorced my wife, lost my family, and basically had a really hard time. I became angry but did not understand the source of my anger for decades. Feeling betrayed by everybody, I quickly learned not to talk about my experience in order to avoid the stigma of mental illness and protect my military security clearance so I wouldn't lose my flight engineer job and Navy career I loved so much. Over time I realized I was going to have to figure out what really happened to me on my own. I felt all alone for a very long time, all the while wondering if I was the only one who knew God is real. Making my moral injury worse psychologically, I resolved not to talk about it ever again. I describe my experience with God in this 23-minute long video showing the power and depth of the emotional impact it still has on me decades later whenever I retell my story. <https://www.youtube.com/watch?v=vijNhS1DuSU&t>.

My suffering was completely unnecessary due to the "Gap in Care" culture that still exists today in clinical, clergy, and first responder settings. This "Gap in Care" is unwittingly inflicting moral injuries psychologically scarring people for life. I know that's true because I lived it. Initially, all I really needed was validation.

After decades of seeking spiritual validation, my moral injury was healed using the Saint

Germain Series Ascended Master books called the "I AM" Discourses. Actually, the answers found me when a lovely lady named Lilia heard about me and emailed me asking to talk with me. I did, and thank God I did, or else I would still be looking for my answers to this day. Lilia introduced me to the Saint Germain Series "I AM" Instruction books that contain the Original Instruction from the Ascended Masters regarding the Eternal Laws of Life and point the Student to the attainment of their own Ascension through their constructive use of that Sacred Fire I personally experienced in the void. Before studying the "I AM" Series books, I relentlessly researched dozens of religions and read thousands of books on spirituality trying to learn who and what I truly am. After over thirty fruitless years seeking those answers, I finally found them in the "I AM" Series of books. They're the only books I ever found calling the Light the "Great Central Sun" while describing the Love, Light, and everything I saw and felt exactly like I personally experienced in the void. I saw and felt the love from the "Love Star" first hand, so I knew the standard I was looking for all these years. No other book I read ever called it that name, but that's exactly what it is. The "Love Star" is God's Heart, eternally creating and expanding Love throughout the Universe. Everything in the Universe, including all Life, is made with divine Love. It can be no other way. Now, all we have to do is go be Love, forever.

God bless America.



The Life-Long Aftereffects of My Childhood Near-Death Experience

Ingrid Honkala

In 1973, near the age of three, I fell into a five-foot deep 900 gallon above ground concrete tank of frigid water located on the patio of our home in Bogota, Colombia. The tank was used to collect

water for hand-washing clothes. Next to the tank was a flat surface for scrubbing.

Both of my parents worked and would leave my two sisters and I (all under the age of three) in the care of a young maid who never paid much attention to us once they weren't home. One morning after my parents had left, my older sister and I decided to play catch across the tank. So we grabbed some stools, and my sister managed to reach the flat surface next to the tank while I kneeled precariously on the thin edge at the other side of it. What happened next is so vivid in my mind that I can still remember every detail of my experience as if it happened yesterday.

My sister and I were throwing the ball to each other when it slipped from my hands. As I tried to grab it from the water, I lost my balance and fell into the tank, which resembled a dark hole. The first feeling of the plunge was a shocking coldness. I didn't know how to swim and rapidly began sinking. My desperation was intense, as I couldn't breathe. I could feel my heart pounding in my head like a bass drum; with eyes open, I stared hopelessly into the darkness, unresponsive.

Then suddenly came a feeling of total relief. I was at peace and was no longer in anguish or feeling cold. My heart stopped pounding; everything turned absolutely still. Then, I noticed that a dim light, like a candle, had somehow begun glowing, just enough to illuminate my watery surroundings. I could see bubbles, and then behind them, I noticed a body suspended in the water. This was my own lifeless body, but instead of feeling surprised, I felt immense joy and freedom. No wonder I felt so relieved being liberated from the burden of my body, for I was a fragile, sickly child who always felt unwell. As I turned around, leaving my body behind, everything felt peaceful and bright; at last, I was free from the aches and pain I had carried since birth.

At once, I found myself in the maid's bedroom looking down on her lying on the bed listening to the radio, completely unaware of what happened to me. Next, I found myself looking at my mom walking to her bus stop several blocks from home. Right then, I became aware that I didn't have a defined

form, and that time and distance had vanished for me. I could be anywhere, at any time. Not only was I able to communicate with everything, but I was part of everything. It was like the "Wholeness" and I were one. As I sank into an atmosphere of pure bright light, I had the absolute awareness that prior to becoming a human, I was a being made of pure light, just as I was now.

While I was experiencing this blissful state of being, my mom suddenly sensed an intense feeling of dread and began running home. When she arrived, she knew exactly where to go, finding my oldest sister leaning over the tank, helplessly crying. As she pulled my lifeless body out of the water, she found no pulse. My lips were blue, my body was cold, and my skin was pale. Being trained in CPR, she pushed her fingers into my little chest and began blowing air into my lungs until I began choking and gurgling. Since I was so "far away" at the time, I have no recollection of being revived. What I do recall was that I began falling, as if I had jumped from the top of the tallest high-rise in the world! I was being sucked back into my body like a vacuum. When I felt the intense, agonizing cold of my body, I knew that I had returned.

I was just a baby when I had my near-death experience (NDE). I was too young to understand that I had actually died, let alone have any preconceived ideas about NDEs. All I knew was that I had left my body, had gone to a place of indescribable well-being and that such an experience did not feel "unfamiliar" to me. Somehow, I comprehended that the current life that I was living was just a continuation of a very long existence. As I grew up and remembered my drowning, I could never get away from the question, "How could I have seen my body lifeless if I was still alive?" This experience made it clear to me that there was an existence beyond the body.

For about a year after my NDE, often while falling asleep, I began seeing colors, hearing sounds, and feeling motions similar to the ones I experienced during my drowning. Time would start to slow down, then abruptly speed up. It also felt as if, for an instant, I was being taken somewhere else, then I would experience a vacuum inside my belly

and chest while being pulled back in. This feeling was disturbing indeed, but it came with a glimpse of a dimension I had been part of and wanted to go back to, because it was a very serene place where I felt calm, free and safe. I was completely unaware at the time that I was having out-of-body experiences (OBEs).

After my NDE, my health deteriorated, I refused to eat and often felt upset. I would look at myself in the mirror and hysterically cry. Then I would run to my mom and scream, "You don't understand! I am not this person. This is not me. This is not my name. I should not be here!" Patiently, she would hug me and wipe away my tears. I came back to my body with an awareness and skills that I didn't possess prior to my NDE. I had clarity that my parents were not my parents; they were my equals. I had a realization that I was not a baby; this was just the state of my body. Since I was unable to communicate all of my feelings in a way that people could understand, I became frustrated, and I increasingly isolated myself from the world. My sisters were too young to understand what was happening, and my parents were too busy working and trying to survive day to day in a country at war, so they did what they could to deal with a very challenging child.

Thankfully, the help I needed to adjust to my unique experience arrived in a most unexpected way. Right after my fourth birthday, during one of my vivid journeys, I was surrounded by star-like figures of pure light shining everywhere. They were of different sizes and colors. Suddenly, one of them, shining in pure gold, shaped itself into a human form, approached me, and touched me. Feeling absolutely astonished, I said, "Wow! You are a Being of Light." Thereafter, I continued seeing the lights while sleeping, so I was eager to go to bed. Each time I was with the Beings of Light, I sensed a deep feeling of joy, felt more peaceful and healthier. I began interacting more with my family and sharing that I felt good because I was meeting Beings of Light while I slept. My parents felt relieved because I was feeling better and having good dreams.

For a while, I would see these Beings only when I went to bed, but before long, they began appearing

anytime, anywhere. The first time I saw one with my eyes open was when I was taking a shower. Suddenly, an intense and astonishing blue light flashed before me, staying for a few seconds before it vanished. Even at the age of four, I knew it was a Being of Light. They didn't say or do anything in particular, but I felt so loved in their presence that I needed nothing more.

I first heard them talk after I threw a big tantrum. Since my NDE, I was unable to identify with my name and often felt bothered when people called me Ingrid. On that particular day, I got angry with the maid for calling me Ingrid. I told her, "Don't you understand, that is not my name!" When asked what was my name, I answered, "I don't need one." That night as I fell asleep, a golden Being of Light embraced me, and I heard a voice talking in a very loving and clear manner. "It is going to take time for anyone around you to understand that names are not needed in the realm of the Light." They also told me that for now, it was best to remain quiet. Still, it was difficult for me to accept why no one was able to understand me. Why did I feel so peaceful with the Beings of Light, but so uneasy when surrounded by humans?

As I grew up and went to school, I often felt like an alien and judged by others as being weird and different. Even our family priest got angry and punished me after I approached him, stating that we didn't need to fear God because He was pure love. Not having the support from my school nor my church only added to my loneliness. The only place I felt safe was at home. There I could retreat from the world. During those days, I often asked the Beings of Light, "Why me?" They always responded that everything was going to be alright, and I would find people to help me, starting with my family.

My mom was the first person to realize that I was truly seeing non-physical entities. My maternal grandmother mentored me to learn about spirituality. Together, we joined various spiritual groups, where I started to gain more clarity.

At nineteen, I began to search for answers in the medical community after I attended a hypnosis event. While there, I was invited on to the stage, and I had a mystical experience that motivated me

to explore more. With the help of an uncle, I found a psychologist with expertise in hypnotherapy. Under hypnosis, instead of seeing myself, I started seeing the psychologist's childhood traumas and gave him advice about his experiences. He was so blown away by my ability that he sent me to an advance practitioner who specialized in hypnosis and past-life regressions. With his help, I was able to access many past lives, and miraculously healed my lifelong respiratory problems permanently. It was an amazing breakthrough for both of us and he was able to use my case for his research studies.

Even though I have had many teachers and experiences that helped me deepen and understand my spirituality, it was still difficult to feel a sense of belonging in my secular life. Once I began college, I had a strong desire to be like everyone else. Wanting to fit in with my peers, I abandoned all the spiritual groups I was once associated with and made the difficult decision to end my communication with the Beings of Light as well. Nonetheless, no matter how much I tried to fit in, I always felt different and lonely.

For the next twenty years, my unresolved feelings grew stronger, and I began experiencing a lingering and profound sense of sadness. This remained true even when I became a successful marine scientist and worked for important organizations like NASA and the US Navy. The sadness was so palpable that I found myself thinking about death and dying daily, until I reached a point of the deepest state of depression at the age of thirty-nine.

Realizing I needed professional help, I found a psychologist who was very open-minded, well-educated, and was a great listener. These were the very attributes I needed in a therapist to help me heal. Feeling safe, listened to and validated gave me the strength to keep going. I felt suicidal prior to therapy, and only after a few months of treatment, I left wanting to live again. His open-mindedness and giving nature helped me to heal and reconnect with my inner wisdom.

Thereafter, I continued my journey to make sense of all my spiritual transformative experiences (STEs). My answers came from many resources, including the scientific and medical communities.

I began learning that my experiences were far more common than I previously thought.

It is imperative that the medical community is educated on subjects related to NDEs, OBEs, and STEs because they are being reported more often around the world. Science and medicine have been studying and proving the validity of the existence of consciousness as the driving force of life. The compelling results from many of these studies and observations demonstrate that the brain is just like a radio receiver and transmitter of consciousness, and not the originator of it. We truly are spiritual beings having a human experience.

After such life-changing events, experiencers are confused, and many have adverse lifelong aftereffects, which are often difficult for them and for their families to understand, as demonstrated by my story. Training medical professionals and clergy is crucial for the experiencer's healing. Training should include characteristics of the NDEs and their aftereffects, and provide guidelines to help support those who have had these experiences. Experiencers require an open and trusting environment to begin processing and integrating this experience through validation, education, and support. Experiencers who are able to share their story freely undergo less mental anguish, and return to a balance in life more quickly.

These experiences are real to the experiencer and must be validated as such. If you would like to learn more about my story, please visit www.ingridhonkala.com.



The Three Near-Death Experiences of P.M.H. Atwater

P.M.H. Atwater

Rape and miscarriage complications led to my three deaths over the course of three months. I was raped at home by a man who "came to visit." Pregnancy followed. I barely

knew him and was more confused than horrified. My confusion was actually a state of disbelief, as I seemed unable to understand what happened and why. He disappeared. It took me twenty years to scream. When I did, I screamed for over fifteen minutes, until my voice was raw.

My first death was from the actual miscarriage. I was alone and barely made it to the bathroom; the fetus in the toilet, blood everywhere. Suddenly I found myself floating around the ceiling light fixture. I banged into it as if a moth drawn to a flame. Far below was the bloody toilet, sink, bathtub, my body—a mess lying there. My depth perception switched. I could not make any sense of the switch: I was floating around the ceiling, yet my body was lying in a heap on the floor. The more questions I had, the more strange blobs began to form in the air—like inkblots, fully dimensional—gray and strange and ugly. The more I thought, the more of them there were.

Instantly, as if released from an over-stretched rubber band, I snapped back into my body, entering through where the soft spot is on a baby's head, feeling myself squeezing back in as if I were larger outside my body than in, pulled in, back to my toes until I "fit." The shock of the scene left me unable to do anything but clean up the mess, return to my bed, prop up my legs with every pillow I could find, and go to sleep.

I lay in bed as if in a coma. I finally decided to see a doctor. I managed to get dressed, get in the car, and start it. I drove, and even though our family physician was hardly six or seven blocks away, it took me nearly a half hour to drive the distance.

When I finally arrived, I stumbled in the door. The nurse shrieked and ushered me into an exam room. When I told the doctor what happened, he laughed, saying, "All that pain for one night of sex, and no chance to enjoy it." I kept asking him, why do my legs hurt so much, especially the right leg? He gave me a shot in my right thigh and sent me home.

It took what seemed forever to drive back home. The bleeding stopped abruptly once I walked in the door. I headed straight for bed. My right thigh was wrapped in pain. Encircling my leg from just above

the knee was a wide band of crimson skin, red hot, with a huge lump growing out the side. The lump was killing me. I pounded it as if it were my enemy, but the lump, a hot burning volcano, won.

I died again. This time I floated gently out of my body, rising straight up through surges of pain that appeared as heat waves on a summer sidewalk. Past the pain waves, I floated up and continued until reaching the ceiling and bumping into the light fixture.

I hovered around the light bulb for what seemed many minutes, staring at my body below, searching for any sign of life. When I was satisfied that my body was really dead, I floated back up to the ceiling and danced around the light bulb. I was relieved at being freed from the heavy, burdensome weight of my body. I had worn it like someone wears a jacket or an old coat.

Soon enough, I began to ask questions. Isn't an angel of some kind supposed to meet me? Or loved ones previously dead come to help? The more I thought, the more blobs appeared in the air, like what happened two days before. Then I realized these blobs were coming from me. They were my thoughts—thoughts really are things. I lost myself in the joy of discovering I could *create* with my thoughts as my dining room began to fade from sight. I never moved, yet I found myself in a very strange place. It was aglow, yet there was no light. It was dark, yet there was no darkness. Somehow in this strange environment was the presence of all shapes, all forms, all sound, all color, all mass, all movement. Everything was there, yet nothing was. Within it was a feeling of energy "winking" off and on—a sparkling potential that "shimmered," just like molded gelatin does before it responds to touch. I called this strange place "The Void" because I could not think of a better term.

Loved ones long since dead appeared, and looked more vibrant and healthier than before. Next was Jesus. There was no need to bow down; rather, I hugged him and laughed with him.

A look at my body revealed *me* to be no more than the tiniest spark of light imaginable. Deep within, I felt an irritant that became energy waves exposing the sum of my life. I recalled hearing about

such a thing before, but I expected something like a theatrical play.

I describe it this way in my book *Coming Back to Life*, “For me, it was a reliving of every thought I had ever thought, every word I had ever spoken, and every deed I had ever done; plus the effect of each of those things on everyone and anything who had come within my environment.” To me, this was hell. We all swim in a sea of each other’s energy and thoughts as they swirl around us, and we are each held responsible for our contributions to the mix. When I was finally able to forgive myself for all the mistakes I had made, I floated back into my body on a “carpet” of sparklers, as if it were the Fourth of July.

When normal consciousness returned, I was so stunned and shocked by my “otherworldly journey,” I was dissociated from the searing pain in my right leg. When I finally found my way to a specialist, he could not figure out why I was still alive. He said I had a major thrombosis in the right thigh vein, which, when I pounded on it, must have blocked oxygen to my brain. Phlebitis was evident and severe. He thought the worst was over and I was no longer in danger, so he sent me home with a prescription. The drug was labeled “dangerous.” It could not be used for more than seven days, or it would kill all red blood cells; it had to be taken every four hours. I had to eat before taking it, or I would get sick. Those seven days, I was to be an invalid, getting up from the living room sofa only long enough to use the bathroom.

I started realizing that I could hear people’s thoughts at the same pitch as their voice. Over my chest formed a “rainbow bridge,” where, moving left to right, paraded all my past lives. The tiny characters were like fully animated holograms. As this occurred, I became aware of how the physical trauma was affecting my body. I gazed intently at the area of my female organs and was able to see “through” as if possessing X-ray vision. I saw that the cells were upset and were marshaling efforts to rebuild damaged parts. I learned to communicate with them, help them help me. The first two oddities ended when drug use did, but not the third. Still today my body and I work together as a team.

A few months later, the man who raped me paid a surprise visit, as if trying to absolve any guilt on his part. When I asked for help, he yelled, “no!” and slammed the door in my face. I felt as if a “bomb” went off inside of me. I wanted to die, so I did, moving rapidly up through the attic of the house and out into the night sky. A slit of light absorbed me as I grew near, opening up to reveal a field of brilliance more intense than anything I had ever before felt. Looming ahead were two impossibly huge masses spinning at great speed and looking for all the world like cyclones, with one cyclonic vortex inverted over the other in an hourglass shape. Where the two spouts should have touched but didn’t, spewed forth piercing rays of radiant power—not light, *power!* I headed for the middle, the power spot, feeling that it was the gateway to God. I had had it with living. I was almost there when I heard my son’s voice.

My son had been at the bar about to drink a pint when he suddenly slammed the mug down and said to his friends, “I have to go home. I have to help my mother.” We raised our children to always consult their “inner voice” before taking action. When my son saw my body, he did what he was taught. The voice within said, “Sit opposite your mother and start talking. It doesn’t matter what you say, just talk.”

We know now that had he called the police, they would have arrived too late to save me. Sound—the voice—is the last faculty to leave in death. I heard him, but I didn’t hear a son loving his mother. I heard one human being giving his all, fully loving without strings—unconditionally. “The other side” is packed with unconditional love, but I did not know it could exist on this side. I came back to learn from my son.

Before my son spoke, I heard a voice so huge it was as if the Universe itself spoke, “Test revelation. You are to do the research. One book for each death.” It showed me what that meant, what I was to do. Book one was not named. Book two was to be, *Future Memory*. Book three was to be, *A Manual for Developing Humans*.

It took a while before I was reasonably conscious and coherent. The next day I took a giant step. I took

myself out of the care of an allopathic physician and committed myself to a naturopath. Doctors were not helping me at all. Medication was useless. I did not know that in natural healing, the problem is always backed out of the body the way it went in. In other words, you get worse before you get better. I underwent three relapses that fall, one of which was adrenal failure. I was working at the time with a blood pressure reading of 60/60. Yes, I collapsed. The naturopath was worried. Nothing seemed to work, so my friends suggested a change of scenery. The naturopath got up very early in the morning to give me a shot and some pills so I could travel to Seattle and attend the “Mind Miraculous Symposium” at Seattle Center.

The first speaker was a physicist at Stanford University. His talk was on the “Eternal Now.” He was convinced that all things happen at the same time in the same space and that this simultaneity could be charted via physics. That chart of his stopped me cold. It was *exactly* what I had seen during my third near-death experience! I jumped up, ran from the auditorium, and collapsed under a foyer light. Curled up on the floor, I kept rocking back and forth, crying, “I’m not crazy. He saw it too. I’m not crazy.” My health returned to normal so fast after that—everyone was amazed. The impact of that third NDE was so great; it overshadows my life even as I write this.

On my own, I began my research of near-death states. I am a near-death survivor.

I can say without hesitation that no allopathic physician could have done what the naturopath did. Natural healing and spiritual practices accomplished far more than drugs and should be a recognized and respected aspect of the healing process. What happened to me is hardly a hallucination. It set the stage for 43 years of research, 18 books, and a dedication to truth that involved nearly 5,000 adult and child near-death experiencers. The medical community needs to wake up.

Commentary

Spiritual Care Providers as Full Partners in Whole-System Interventions

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Abstract. In this commentary, I reflect on 12 stories from individuals who have had a near-death experience, and I describe how the ministry of the spiritual caregiver can aide patients who experience a near-death phenomenon. Spiritual care providers are trained to support patients and family members and promote a sense of peace and comfort. They offer affirmation while promoting a space for wondering. Spiritual health is an essential component of a whole-body system. The experiences of the 12 authors have much in common, but perhaps most surprising is the omission of any clergy or chaplains being called on despite many of the authors disclosing their NDE to physicians and nurses.

Keywords. Near-Death Experience, Bioethics, Spirituality, Narratives, Family, Caregivers, Health-Care Chaplains, Clergy

NIB author Ellen Whealton said in her narrative, “. . . I believe it is crucial for counselors, healthcare practitioners, and therapists to learn how to hold space for people who've had either spiritually transformative experiences or near-death experiences.”

Nancy Evans Bush explains, “Today, I would have hoped they would have developed a vocabulary for talking with patients about such experiences and have a list of resources, including knowledgeable chaplains.”

Whealton and Bush draw together the conclusion that we must learn more, listen more, and offer support for those having the courage to come forward with details of stories that come with

empirical evidence, and anecdotal accounts. The challenge is to hold these experiences gently—offering less skepticism and more support. As respected journals, like *Narrative Inquiry in Bioethics*, and organizations, such as the International Association for Near-Death Studies (IANDS), continue to offer this information to their constituents, our hope is that belief and trust in these kinds of narratives will grow.

The inclusion of spiritual caregivers in the health care process seems to have a positive impact on outcomes and on family members and patient satisfaction (Ho, Nguyen, Lopes, Ezeji-Okoye, & Kushner, 2018; Pater, Visser, & Smeets, 2020). However, a recurring theme through all the NDE

stories was a stark realization that the practice of medicine has not caught up with this phenomenon. The practice of the *science* of medicine seems to rub uncomfortably against the less defined, perhaps less articulated, need for recognizing health as a whole-body system, and spiritual health as an essential component of that system. For this writer, a clergy person with substantial experience as a health care chaplain, it was surprising to find relative silence in the NIB stories on the use of chaplains as spiritual care providers. Especially in the cases where patients were clearly unsettled or had seemingly “shut down” in terms of emotional response, it is surprising that while the professions of physical medicine and psychiatric medicine were utilized, specific spiritual health care providers were not.

As part of a recent qualitative study that assessed the needs of healthcare chaplains providing spiritual care in emergency departments, chaplains, along with nurses, were interviewed. The nurses reported that chaplains are best suited to provide support to patients and family members as they are skilled listeners, provide a sense of peace, and are adept at dealing with the emotional needs of patients and family members. The nurses felt that having chaplains available provides them with a sense of peace and allows them to focus on their clinical tasks (Pater et al., 2020). Particularly in acute care hospitals, if not in rehab centers, chaplains, allied health care professionals—often with advanced degrees and professional certification—can be valuable partners in looking at the whole “system” of a person in distress.

Chaplains are uniquely trained to serve all patients to whom they are referred—and perhaps one of their most important characteristics is that of offering a non-anxious presence. They are uniquely able to pay attention to the emotions and needs that lay underneath the words spoken, the tears shed, the need for a person to be heard—and listen in such a way that invites, rather than repulses, new revelations and understanding.

Woven through many of the experiences described in this symposium is the experience of either not being believed, or being afraid of not being believed, leading to buried experiences.

Secrets, especially secrets born of spiritual experience, are difficult to carry by oneself, . . . especially when they are washed in fear. Peter Anthony tells of hearing ‘snickering’ as he told of details that he had learned during his NDE. Being laughed at would be of such a demeaning, shaming nature that it takes special courage to continue telling one’s truth . . . ever.

Most of the accounts of NDEs offered here, though sparked by health events or trauma, tell stories of comforting light and a sense of overwhelming love. But even when bathed in love, the fear of not being believed—or not understanding the meaning of what has been seen—leads to a shadowing of the experience. This shadowing results in not being able to tell even loved ones, much less medical professionals.

The lens through which I read these accounts is as a clergywoman who has, through over twenty years of ministry, heard stories that have led me to believe that there are realms of our personhood that ring true even when we don’t have a wealth of fundamental evidence. I have learned to sit in the uncomfortable spaces of the newly revealed, the dimensions of life that are not well-explored—nor well-articulated—and understand that there are realities that are not yet fully explored; there is a wisdom in the ages yet to be understood. If we can be willing to open our hearts and minds to the possibilities of the universe, we will be uniquely ready for lessons yet unexplored by the masses.

Several narrators write of their growing sense of intuition. This sense of intuition, or “the ability to understand something instinctively, without the need for conscious reasoning” (Intuition, n.d.), has historically been less respected than reasoning that can be proven through fact-based methods. While this may lead to casual disbelief, the similarity of story ought to be compelling enough to faithfully believe that there is something left to be understood.

A commonality in most of the narratives is the experience of being able to dwell for a time looking back at one’s own body during a near-death experience. Another detail related by most was that of being “offered” a choice to return to life as they’d known it or remain in the new realm. The

discernment and decision-making about what choice to make seem similar between narrators. The relative commonality of experiences, both during the NDE and in the aftermath, lends specific credibility to the call for better, more empathetic, treatment of the people who have experienced this phenomenon.

The emotional pain felt by not being believed is clear. This is especially poignant in the words of McDonald, who wrote, “No one ever talked to me about my childhood experience, and no medical people wanted to even hear me talk about it. I was left to figure it out, without any support, on my own.” That said, it is hard to imagine the pain of anyone, child or adult, having to live with such an event in isolation. And especially heart-breaking when the courage to tell their story is found, only to be called “crazy,” or simply not given any credibility.

In her narrative, Thomas tells of the power of being believed as she writes that her surgeon’s belief in her story, bolstered by her being able to detail his movement toward her in the operating room, “saved my marriage by helping my husband know it was true.” Not being seen as believable or trustworthy in retelling a story strikes at the very heart of our humanity. Our integrity being questioned can lead to a “pulling away” from a support system, at a time when that support can be life-giving.

A theme for most of the authors was the “choice” they made to return to life. In two of the experiences described, it seemed a choice wasn’t so proactively made. Particularly in Bush’s recounting, the “return” seemed especially jarring, as her basic human assumptions seemed to be denied.

Even in the narratives gathered here, we read mostly of comforting, life-giving events in the NDEs. Bush’s account seems singularly distressing and could be the reason for her very long period of not being able to tell her story. I do wonder if having a trained chaplain or spiritual support at the hospital might have made a difference. Having someone to affirm her goodness, and her beliefs, while still allowing space for wondering about the messages she’d been given, could have offered life-giving permission to explore.

An important human value is trust and truthfulness. If we are to be able to live into our integrity, then we seek out a way to sift through the chaos and find truth. We seek a way through the chaos that can shake us to our very foundation—seeking the wisdom of trusted, fellow journeyers, who are willing to sit in the midst of the chaos and assure us that, as Julian of Norwich said, “All shall be well, and all shall be well, and all manner of things shall be well.” I wonder about the possibility of healthy recovery of spirit when our truth is denied—especially when that denial comes out of the ignorance of others.

As members of the community of humanity, we are always seeking to be heard, for someone who will listen without judgment, for someone who is willing to hear our questions without giving trite observations, or pat answers.

We must, as a society in general and a medical profession in particular, find a way to lean gently into the stories that may conflict with our long-held beliefs about life and death—and all that may lie between or beyond. Bush writes, “From the perspective of the individual reporting an NDE, it is almost always claimed as the most intense, meaningful, and memorable experience of his or her entire life.”

The question for us is whether we are willing to hold gently even those stories that challenge us.

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Commentary

Closing the Medical Gap of Care for Patients Who Have Had a Near-Death Experience

Lilia Samoilo** and Diane Corcoran**

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Abstract. This commentary discusses the twelve stories in which patients tell what happened when they were hospitalized and they had a near-death experience. The stories display a consistent theme of the gap in medical and spiritual care they received, after the patient’s near-death experience. This commentary explores the implications of this gap in care for these patients and the perceived medical professionals’ bias that occurs after these experiences, which can contribute to long-term consequences such as isolation and rejection. Education in medical schools and continuing education can provide medical professionals with insights needed to support individuals with near-death experiences.

Keywords. Near-Death Experience Characteristics, After-effects, Medical Gap of Care, Bioethics, Medical Education, Professionalism, Spirituality, Continuing Education

Introduction

A near-death experience (NDE) is a profound, life-changing, intensely emotional experience that usually occurs during a clinical crisis and has common characteristics and after-effects. It is not a dream, hallucination, or mental illness (Greyson, 1983). There are no predictive variables to identify who

will have an NDE. NDEs happen to people of all ages, all religions, social-economic groups, cultures, and educational backgrounds. They occur for a variety of reasons such as accidents, near-drownings, illnesses, combat, surgical procedures, and childbirth. Research has established a set of common NDE characteristics and long-term after-effects shown in Table 1 (Atwater, 1994, 2019; Greyson, 1983).

Table 1**Common NDE Characteristics and After-Effects**

Characteristics include:	After-effects include:
<ul style="list-style-type: none"> • A feeling of peace and joy • Experiencing an altered sense of time • A feeling of being surrounded by light and love • Out of the physical body • Visions of the future • Having a life review • Senses are more vivid than usual • Being in another world • Encounter with beings or deceased relatives • Feeling detached from the body • Visions of the future • Enhanced knowledge • Seeing beautiful flowers • Moving through a tunnel 	<ul style="list-style-type: none"> • Returning to a body that is filled with pain • Less materialistic • Disappointed to be revived • Heightened sense of purpose • Increased appreciation for life • Love of nature • More intuitive • No longer fears death • More altruistic • May have trouble with connecting to family • Sensitivity to loud noises, light, and violence • Significant changes in values, purpose, and behavior • Sensitivities to medicines

The analysis and interpretation of these narratives are certainly shaped by many personal experiences of the authors and the literature. Both authors of this commentary are childhood NDErs, and Lilia is an adult experiencer, as well. In addition, Diane had an extraordinary experience as a new nurse in Vietnam when called to the bedside of a young soldier who had something he was anxious to tell. He said, "I want to tell you something, but you must promise to believe me." He had tears rolling down his cheek and was very emotional. Diane listened and was astonished by his story because she had never heard anything like it. He described what we now know as a classic NDE. This was 1969, and it was not until Raymond Moody had written his book on NDEs in 1975 that Diane could put the experience in context. Fortunately, she was able to use nursing approaches to validate the patient and support him during this experience.

Childhood NDEs vs. Adult NDEs

NDEs have life-changing consequences, but their impact on children is frequently more significant

than in adults. The after-effects of an NDE may appear immediately or may develop over time. This is especially true with children. It should be noted that children have additional characteristics and after-effects that differ from adults (Atwater, 2019). They may have some immediate changes such as enhanced vocabulary and intelligence, for example. However, they may develop or demonstrate other gifts as they age.

Children who share their experience with parents or a teacher are usually not believed, and in some instances, may be punished for lying. This leads to distrust within the family, and intense emotions and isolation for the child. In his NIB narrative, childhood experiencer Bill McDonald states, "Medical personnel refused to listen to my NDE; I was forbidden to discuss it. I was treated coldly as if delusional. Given no validation or support, I was totally on my own to figure it out. Misunderstood, I kept my NDE to myself for decades. Looking back, I have bitter memories of being ignored and treated as if I was mentally ill. Had someone, anyone, even a kindly nurse, sat down and listened to my story, it would have made

my journey into adulthood much easier. Being ignored and not believed shaped how and what I felt I could share with others."

The Medical "Gap of Care" for NDE Patients

A patient, having just had an NDE, awakens in the hospital, confused and emotional about an experience they do not understand. They are often traumatized from bodily injuries and are in pain. They recall vivid memories of a profound, impactful life-changing event. Wanting to share their experience and needing answers to their many questions, they seek comfort and support from medical staff, clergy, and family. They fear they will not be believed, or worse, will be rejected, ridiculed, mocked, or misdiagnosed as having a break with reality and will be prescribed unwarranted drug therapy.

A "Gap of Care" (GOC) is created when a patient's self-report is ignored, disregarded as non-factual or misdiagnosed as a hallucination due to post-traumatic stress (PTS), hypoxia, an adverse reaction to drugs, anesthesia or mental illness, causing them to lose confidence in expressing their NDE, for fear of stigma. Erica McKenzie told her emergency room doctor about her NDE and was consequently transferred to the psychiatric ward. She writes, "In a moment of weakness, coupled with the prescription drugs I was forced to take, I shared what had happened to me . . . and what did they do? They increased the dosage of my meds until I couldn't function. I learned after testing the water a few times not to speak of anything about God, my trip to Heaven, Hell, or communicating with Spirit because, if I did, it meant I was schizophrenic or bipolar or having delusions."

The second component of the GOC is the absence of validation, education, and support for the patient and family. Author Peter Anthony's vision was impaired after he coded during surgery to repair a ruptured viscus. He experienced an NDE, and after being resuscitated, told his physicians and nurses about his NDE and how he had gained knowledge from God about what was causing the damaging inflammation in his body. Anthony writes, "Though I can't see anyone, I can feel their judgment."

Despite these experiences being recorded since biblical times and with 45 years of valid research, NDEs are still not accepted as "real" events in most medical and religious communities. The absence of medical professionals, clergy, and family listening to the patient, leads to a lack of validation, education, and support for the experiencer, and has a long-term, damaging impact on their psyche.

Self-reports provide important information for planning appropriate care and referral to pertinent resources. Since NDEs are invisible to the sight of others, it is crucial to collect a self-report to avoid the GOC. The patient's need to discuss their event is the cornerstone of their attempt to process and "normalize" not only their trauma but the life-changing NDE that follows. Disregarding the necessity to collect it, or improperly responding to it, disrupts the patient's ability to process and integrate their experience. This gap impedes patient recovery and may exacerbate the numerous after-effects of an NDE (Demonstrated in the narratives by Bush, Herschaft, McDonald, McKenzie, O'Brien). Patients who discussed their NDEs with medical staff endured less mental anguish and confusion and were more apt to share it with others (Anthony, Arnold, Hausheer, Thomas). Normalizing their event is paramount to bringing understanding, appreciation, and healing into the world of the experiencer.

Whenever patients are not offered NDE education, their questions go unanswered, and they remain in an emotional limbo. This further traumatizes the patient and can exacerbate the existing medical condition that produced their life-changing event. There are also psycho-social and psycho-spiritual ramifications of the NDE that not only impact the patient but also put stress on their relationships with their family, friends, clergy, and workplace (Arnold, Batts, Bush, Hausheer, Herschaft, McDonald, O'Brien, Thomas).

The crucial impact of this GOC should not be marginalized. It is not merely a missed opportunity to help resolve patient concerns regarding their NDE, but also to dispel potentially life-long feelings of confusion, fear, isolation, despair and even suicidal ideations (Bush, Herschaft, McDonald,

McKenzie, O'Brien). Despite medical professionals' personal beliefs about NDEs, they are real to the patient and must be validated as such.

Emerging Themes

The GOC was apparent in every narrative, ranging from zero to randomized marginal care, to the detriment of patients. Not one patient was asked whether they recalled having an experience before, during, or after their clinical death or coma. No self-reports were collected, and there was a lack of validation, education, and support, ranging from zero validation (Bush, Herschaft, McDonald, McKenzie, O'Brien), to doctors only confirming patient's factual reports of watching medical staff while clinically dead. However, in those cases, doctors only validated the accuracy of their recount, not their NDE (Arnold and Thomas). In addition, no patient was offered nor referred to receive education or support, except Anthony.

All types of NDEs were represented in this study, with most patients having a pleasant NDE, except Bush (distressed) and O'Brien, McKenzie (mixed: pleasant/distressed). Bush, Herschaft, and O'Brien experienced anger, fear, and depression while others felt glory and joy following their NDE (Hausheer and Whealton). Some people who have distressing experiences, eventually, integrate the experience in a positive way (Bush).

The majority of experiences happened in adulthood, with two childhood exceptions (McDonald and Whealton). Barban, McDonald, and O'Brien reported multiple NDEs. O'Brien's case is exceptional, being resuscitated ten times in one night with numerous experiences.

NDE recall varied among patients. Upon awakening from coma, Anthony discussed his experience in great detail. Arnold had no recall until undergoing hypnotherapy, whereas Batts only remembered his NDE days after his release. Because NDEs are profoundly impactful, most experiencers can tell you the details of their NDE decades after their event. In some cases, people have a clinical crisis with after-effects but do not remember anything about the experience (Arnold). While others may recall the event over time (Batts), some will never

remember having an NDE, but will experience after-effects.

Profound bioethical issues were apparent when professionals made statements and took actions that were not only unprofessional but harmful to the patient. Patients who immediately discussed their event with staff were either mocked (Anthony), told to "shut up" (McDonald and McKenzie) or committed to a psychiatric ward by a physician, who was reported to be an atheist (McKenzie). She was prescribed psychotropic drug therapy and had to deny her NDE to be discharged. Despite personal beliefs, medical professionals should recognize NDEs are not a mental illness, and patients should not be medicated for reporting their experience (McKenzie). This lack of recognition of an NDE raises bioethical concerns. Furthermore, patients who waited to disclose were discounted by clergy (Hausheer), misdiagnosed by therapists (Herschaft and O'Brien), lost a friend (Batts) and publicly disparaged by a peer practitioner (Whealton).

Though losing the fear of death is a frequently reported after-effect, surprisingly, only Anthony and O'Brien reported this element. The number of characteristics and after-effects of patients varied throughout the narratives, with Anthony reporting the most characteristics and Hausheer the most after-effects. The number of NDE characteristics or after-effects reported is not a reflection of how impactful, or profound, the experience.

Since an NDE patient's needs are as important as any other medical needs, mistreatment by medical staff and clergy can lead to a lifetime of distrust, feelings of isolation, and delays in disclosure of their experience. Clearly, the narratives challenge many personal and professional beliefs of healthcare professionals and clergy, especially with reports of life beyond clinical death, meeting deceased relatives (Anthony and Thomas) and meeting religious or spiritual beings (all, except Arnold and Bush).

How to Close the Gap of Care: Theory, Policy & Practice

The best way to close the GOC is to include standardized NDE education in all medical school curricula and to establish a standard operating

procedure (SOP) for patients. Curricula should include research evidence, common characteristics, after-effects, impact on patients and families, and the need for validation, education, and support. Since NDEs are invisible to the sight of others, education is imperative so that providers can supportively elicit self-report of the NDE and offer appropriate care and resources for the individual. In addition, education will help differentiate NDE characteristics from other medical conditions, to avoid misdiagnosis (Herschhaft, McKenzie, O'Brien).

Since the majority of NDEs happen outside the hospital setting (O'Brien and McKenzie) all healthcare professionals should be NDE-trained, including primary care physicians, mental health and social work professionals, paramedics, nurses, hospice personnel and medics on a battlefield.

The majority of the patients advocated the need for medical staff to listen without judgment while they shared their NDE. O'Brien stated the importance of patients and families receiving NDE education. Barban, Bush, Batts, Hausheer, McDonald, McKenzie, O'Brien, and Whealton strongly advocated for the necessity of NDE-training to be added to medical curricula.

Recommended Guidelines for Standard Operating Procedure (SOP) for NDE Patients

Until standardized medical curricula are implemented, the following guidelines are recommended for all healthcare professionals, following onsite NDE-training.

1. Know the characteristics and after-effects of an NDE.
2. Following surgery or trauma, ask patients if they experienced anything unusual. If so, collect their report.
3. Listen to patients without judging, demeaning, or challenging with your personal views.
4. To validate patients: "Patients report having these types of events. They are called near-death experiences."
5. To educate patients: Offer an NDE questionnaire, educational materials, and resources to share with loved ones.
6. To support patients: "We have NDE-trained staff and clergy. Would you like to speak to

someone?" Facilities should provide an NDE-trained staff and clergy.

7. Direct patients to IANDS.org for education and support and ACISTE.org for NDE counseling.

Conclusion

The stories in this symposium provide evidence that the GOC is *alive and well* despite decades of research and the media's glut of information about them. With nearly 50 years between the NDE of Bush in the early 1960s to O'Brien's recent NDE in 2019, patients continue to experience the identical impact of the GOC. Why are some in the medical community not recognizing this gap? Are they disputing NDE research regarding causative factors? Might it be due to personal bias, a lack of knowledge, or the disbelief that life continues beyond clinical death? No matter their reasons, a patient's report and need for validation, education, and support should be paramount. Not doing so will further traumatize the patient.

The GOC will continue until the topic of NDE, and its impact on patients and families becomes a standard part of all healthcare curricula. Such curricula should integrate research; the characteristics and after-effects of NDEs; and information about the necessity for patients to receive validation, education, and support.

Secondly, it's imperative that hospitals implement a SOP to guide NDE patient care. When this process is properly employed, the GOC is 100% preventable. When it comes to patient care, there should be no gaps. A positive outcome will result from offering validation, education, and support to NDE patients. "It only takes one person who listens with an open mind and believes in your . . . near-death experience." (Anthony).

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Commentary

At the Edge of Everydayness

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Abstract. Near Death Experiences (NDEs) do not fit easily into the typical philosophies that ground and animate medical science and medical practice. By appealing to their scientifically based everyday philosophies, practitioners will sometimes be dismissive of patients' NDEs. However, reality and our conscious experience of reality always seem to overflow our scientific explanations, whether those explanations are biological, social, or psychological. However, it is usually at the very edges of our concepts and everyday philosophies that reality reveals itself to our conscious awareness. If we pay attention to these experiences that challenge our everyday philosophies, something good might be revealed that is more important than adhering to the truth as imagined by our everyday philosophies. NDEs might serve as a point of the revelation of goodness.

Keywords. Near Death Experience, Reductivism, Philosophy of Medicine, Worldviews and Experience, Narratives

*There are more things in heaven and earth, Horatio,
Than are dreamt of in your philosophy.*

~ Hamlet in William Shakespeare's *Hamlet*

*Objects do not go into their concepts without leaving
a remainder.*

~ Theodor Adorno

I once had a patient who had "died" on the table. I will call him Jim. At the time of my conversation with him, his bypass surgery had been more than five years earlier; so it was not a recent event. Fascinated by stories like those in this issue of NIB, I asked Jim whether he had a Near Death Experience (NDE). He looked down, a bit embarrassed, paused for a moment, took a deep breath, and said, "No. It was all black and then I remember waking up." We

sat there for a few awkward seconds, him growing more uncomfortable. He then looked up and asked me, "What do you think that means, doc?" I was not ready for his question, and I do not remember exactly what I said, but I said something like, "Ah, well, the anesthesia must have been very strong." That was probably not the right thing to say. Jim was a Christian, and as I would learn, a rather strident one at that.

After years of reflecting on Jim and his story, I have wondered what to make of Jim. He was clearly troubled that he had not had an experience like those in this issue of NIB. After all, he was a man of faith, and for him, it had all gone black, and then he emerged from the darkness. I think that he wished he had had an NDE, with the warm glow of friends

and family, a loving presence, a sense of overwhelming peace. But he did not have that. I could see he had had five years of wondering what it all meant. It sat heavily on his face that first day, and it would be something that we would revisit over the next few visits. His experience of not having had an NDE shook his world, a world of belief in God and in an afterlife. I learned that he had not faltered in his Christian faith, but he had become less strident, at least in part, because of his bland NDE.

As I reflect on this event now, I see how inept I was at engaging him. I had asked him a question, which was really just more of a curiosity to me. And I was not prepared to engage the answer in all of its existential heaviness. Jim's experience—an experience not like those in this special issue devoted to NDEs—nonetheless, is very much like those whose stories are marked by NDEs. He, like these persons with NDEs, had to make sense of his experience in a setting of background beliefs and concepts.

Over the next few pages, I want to engage the background beliefs and concepts, not of those who tell their stories in this issue of NIB, but the background beliefs and concepts of the doctors. I will call these background beliefs and concepts, everyday philosophies. We all have everyday philosophies. For all of us, those everyday philosophies are unreflectively deployed as we get out of bed, and go to work, drive our cars, and carry out our routines. The everyday philosophies just seem to work most of the time for the things we are trying to do. They routinely make sense of the world for us. We are rarely put into a situation where we must confront the everydayness of our beliefs and concepts, where the everyday philosophy is called into question.

But then every once in a while, some sort of experience rocks the everydayness of those philosophies. And we are faced with several choices: do we deny the experience because it challenges the everyday philosophies with their beliefs and concepts? Or do we compartmentalize the experience, saying that the experience—say an NDE—was just a part of my experience that does not comport with my other everyday philosophies? Or do we reject the everyday philosophy? Or do we acknowledge that all our everyday philosophies just fall short

of all our experiences? I argue for the latter and claim that since all explanations fall short of our experiences—in this case, NDEs that challenge the everyday philosophies of medicine—we should attend to the edges of everyday philosophies. What is needed is not an explanation of what is real, but an encounter with what is good that breaks in at the edges.

Medicine's Everyday Philosophies

All of us have our everyday beliefs and concepts about the world. They are so ingrained in us that we never stop to think about them. Let's call those everyday beliefs and concepts our everyday philosophies. Those everyday philosophies are typically unexamined, even if they are well-grounded. Medical science, as we know it today, makes robust knowledge claims about the fundamental nature of reality. The word "science" itself comes from the Latin, *Scientia*, which means knowledge. Science is about taking a complex phenomenon, a complex experience, or some fundamental thing from reality, and explaining it in other terms that we know. We turn to the disciplinary knowledge of biology or psychology in order to have a systematic way to explain our knowledge of everyday experiences because we know that our everyday knowledge seems to fall short of the experiences. Medical science, which also has an everyday philosophy, has to engage with the experiences of those who have had NDEs.

NDEs are just the sort of experiences that beg for scientific investigation, where we might ask the question, what is the brain mechanism of NDEs, or the psychological question, what is the content of the NDE? Yet every explanation of the phenomena of an NDE gives us some sense of a better understanding of the phenomena, but the explanation never exhausts the phenomena or the reality of the brain or the experience. Something of the reality of a thing or an experience always exceeds the description or the explanation. Put differently, our thinking about a thing, or our thinking about an experience, never exhausts the reality of the thing or the experience.

No matter how sophisticated our explanations, our thinking gets a little lazy, and we fall back on the everyday way of thinking. The everydayness of our thinking about things means that we fall back on a kind of shorthand as we move through the world. Our everyday explanations of complex phenomena give us a useful handle for explaining things, but that in deploying the everyday sort of explanation, we sometimes miss other relevant aspects of the phenomena. Modern medical science, and the practices that sustain it, has a well-grounded foundation for its truth-claims, but that does not mean that it escapes the everydayness of its implicit philosophies.

Everydayness of Science

We have arrived at a place where I can make a few points about how the everydayness of science might engage with the phenomenon of NDE. There are scientific studies that claim to give the neuroscientific account of NDE. In some studies, NDEs are explained as multisensory disturbances of brain physiology in the anoxic brain (Blanke, Faivre, & Dieguez, 2016). Other scientific studies have tried to understand whether prevailing social models affect what is experienced in NDE (Athappilly, Greyson, & Stevenson, 2006). In other words, are there several core features that are stable across cultures, even if the psychological content of the experience may vary? One study attempted to create a scale to examine the common core of true NDE (Lange, Greyson, & Houran, 2004). They found that those that score more highly on the scale report stronger experiences of peace, joy, and harmony. Those scoring more highly on the scale describe insight and mystical or religious experiences. At the same time, those with the highest scores also have the most intense NDEs involving an awareness of things occurring in a different place or time. Several other cross-cultural studies show that the content of the experience is dependent upon the culture of the person having the experience (Belanti, Perera, & Jagadheesan, 2008; Kellehear, 1993). Medical science has to reduce NDE to a biological phenomenon, or it must reduce it to a scale, or it must reduce it to

its cultural content. And in doing so, the medical science seems to miss out on the real content or meaning that the NDE has for the particular person that experienced it.

Materially Reductive Science, Consciousness, and the NDE

Many stories in this issue of NIB speak to the consternation and disillusionment patients experienced at being ignored by the medical staff after having an NDE. NDEs are very much real to those that experience them. The experience of floating above the operating room is a common experience of many people who have had NDEs. The sense of seeing long-dead loved ones; or of experiencing nonmaterial, angelic beings; or experiencing God is very common. The sense of warmth, of contentment, and of an overflowing love, are common. For many of these people, death is no longer to be feared. For those engaged in medical (biopsychosocial) science, the everyday philosophy of medical science precludes them from actually dealing seriously with the realness of the phenomena of NDEs of patients. That is because the everyday biopsychosocial science of medicine gives a material, social, or psychological explanation, the realness of NDE for the person that experiences it seems to be demeaned. Our everyday philosophies in medicine do not do justice to the experiences of the authors in this issue of NIB. These reductive tendencies in biopsychosocial and medical science is very useful for explaining entities like proteins, neurons, and brains, and what those neurons produce, which are social and psychological experiences. But the reality of the person talking to an immaterial being, or experiencing universal love, cannot really be explained biopsychosocially, while still honoring the experience.

So, the medical practitioner formed in the medical sciences can only offer materially reductive explanations for the phenomena of NDE. And that reductive explanation essentially says to the patient, "Your experience was not real, because materially reductive science tells us what is real. Your anoxic neurons were firing randomly, giving

you experiences of your long-dead family members from your memories, according to your social and psychological belief structures that formed you in your earlier life.” For our authors, NDEs are as real as the experiences they have every day, such as when they are talking to their doctors, or taking a walk, or holding a baby, or as real as the love they feel for their spouses or children. And this disconnect of radically different everyday philosophies is the reason that so many of those whose stories appear here tell us that medicine must stop arrogantly assuming that its everyday philosophy is the philosophy to end all philosophies.

Finally, there is one aspect of all experiences that cannot be reduced to the explanations offered by the everyday philosophy of medicine, namely consciousness. When the scientist tries to explain the phenomena of the brain, or the social structures that produced it, or the psychological content of the experience, they must do so through the language of their everyday philosophies. But their experience is not of the everyday philosophy. They are not looking at their own brains, when they are studying the brains of their patients. Human consciousness is the condition for the possibility of all forms of explanation. But consciousness itself exceeds all explanations. Consciousness is the irreducible necessity that scientists must have in order to give explanations. The scientist, when they have experiences of themselves doing science, do not have experiences of the action potentials of their own neurons. They do not see their own brains firing as they are looking at other people’s brains. They have irreducible experiences of awareness no different than the awareness of people who had NDEs.

Making Sense of Conscious Experiences

Those who have had NDEs are certain that their experiences are real. They associate the experiences with real people from their biographies, both living and dead, and with the real beings that seem to be immaterial. Some of them seem to have experiences of the loss of time, such that they have premonitions of something that was about to happen before it happened, and then watched it

unfold, while they were dying. But what are we to make of their experience of beings that seem to be able to communicate deep senses of love and goodness? For those who have experienced loved ones, immaterial beings, God, and intense sensations of love and contentment, they do not doubt that their experiences are of a reality that exists independent of their conscious awareness. They have an intense experience of being in the presence of goodness.

Their experience is so real to them that it has, for most experiencers, resulted in a radical change in their life. They have made it part of their life to tell their stories in the pages of NIB (and elsewhere) and to make it part of their life story. The NDEs are so real that they have to recalibrate their lives, and for most of the NIB authors, the recalibration of their lives has been experienced as a good thing. They have experienced something so good that they cannot simply ignore it, and when they share it with others, they are most certain that it was good to share it. Why would we let our scientific materially reductive explanations tell us that the true story of NDEs is the scientifically reductive story? After all, the NDEs described in these pages are as vividly real as anything the authors have ever experienced in their lives!

It is here then that we must turn from the claim that the real explanation is what the everyday philosophy of biopsychosocial science says it is. In the history of Western thought since the Enlightenment, we have elevated the true over the idea of the good. However, for the older—pre-Enlightenment—way of thinking, the good was the foundation of the true, and it also coincided with the beautiful. That is to say, for the ancients, things that were experienced as good were also experienced as beautiful and true, but the good was the foundation for the true and the beautiful. For premodern thinkers, then, the test of what was real, was not that it met some test of corresponding reality outside of awareness; after all, how could we know something outside of our awareness? But the test for the reality of an experience was the goodness of the experience, not the scientific “truth” of the experience.

The NDE frequently sets experiencers onto a new trajectory of living such that it transforms their

lives for the good. Moreover, in sharing their stories with us about the love that permeates all beings, they also bring more real goodness into the world with this transformation. So, perhaps the everyday philosophy of medical sciences—whether biological, social, or psychological—fall short of the truth and reality of the goodness of NDEs.

At the Edge of Everydayness

But what are we to do with Jim? Jim's NDE was not one of the goodness and beauty; it was rather more bland. And to him, it was rather more troubling—blackness and unconsciousness, and then an emerging into consciousness. While those in this issue of NIB had their lives transformed by overwhelming contentment, at least in most instances, Jim's experience set him off on a different journey. After, he did not know how to make sense of his life because he believed in an afterlife, and he did not have what we typically think of as an NDE. No Jesus, no immaterial angels, no God, no sense of eternal timelessness.

Still, Jim is not terribly unlike those in this special issue of NIB. Both had everyday philosophies; for both, they had experiences that troubled the waters of their everyday philosophies and the everyday philosophies of those around them. Both Jim and our authors also have to make sense of the experience in light of their everyday philosophies. Both have a choice: do they deny the NDE as just some fluke of experience? Do they compartmentalize it, living in the everyday philosophy to which they had always adhered, while still knowing that their NDE does not sit easily with it? Do they reject the everyday philosophy that they lived in before the NDE? Or do they acknowledge that each and every everyday philosophy falls short of both our experiences and the realities of the world? I think the latter option is the best. Since all explanations generated by our everyday philosophies fall short of both our experiences and the fullness of the realities that we experience, then perhaps we should pay attention to the edges of our everyday philosophies.

The everyday philosophies that animate our science are very good at answering certain kinds

of questions. It can answer questions about how something works, and it can tell us what something is. It is aimed at pragmatic ways of control of those structures and functions of the body. It is very good when it brackets all nonmaterial things like intelligence, or religiosity, or spirituality, or love, and attends to carbon, and oxygen, and cells, and neurons, and brains. It struggles and becomes inexact when the structures and functions being examined are social or psychological in nature, which means it fails to be as certain about the social and psychological structures and functions as it might be about, say a brain's structure and function. The problem is that once we let the everydayness of the scientific approach speak to all experiences—once we think our everyday philosophy is adequate to all experiences—is when we fail and foreclose on much that is good about our experiences and the realities of the world. Do we really think that all of reality can fit into our concepts?

Our authors in this issue of NIB each experienced something that does not fit easily into the everyday philosophies of medicine. In their experience, they found at the edge of scientific words something good, beautiful, and even something true. The reality of the world is always in excess of our words and our philosophies. Even Jim, who had lived his life puzzling over his rather more bland NDE, had to examine the everyday philosophy of his faith and had to change it. He had to search at the edges of his philosophy, to find that it had been a rather rigid way to live out his faith. Perhaps our lesson here is that we should pay close attention to the edge of our philosophies, at the edge of words and concepts. It is at the edges of our philosophies, concepts, and words that the realities of the world overflow the boundaries. It is at the edges where something new might be revealed, some new goodness, some new beauty, where some new truth makes itself known (Williams, 2014).

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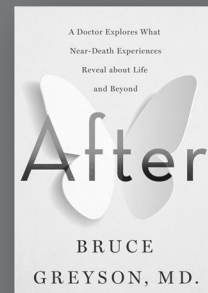
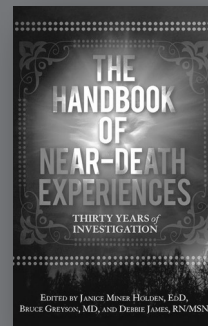
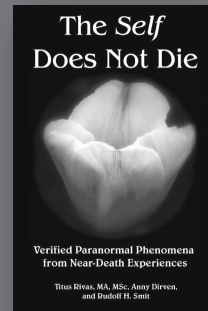
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