

ABSTRACT

Title of Document: FIELD NOTES FROM THE LIGHT: AN ETHNOGRAPHIC STUDY OF THE MEANING AND SIGNIFICANCE OF “NEAR-DEATH EXPERIENCES”

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This dissertation is based on a comprehensive study which investigated the meaning and social significance of “near-death experiences” (NDEs) by situating 50 experiencers (NDErs) as the “inside” experts on these profound, subjective experiences and their real-world impact. I used a phenomenological, “person-centered” ethnographic approach, new to Near-Death Studies, to make experiencers’ lives the orienting framework for my study. Informed by “reformist” qualitative-research ethics and health-education-and-counseling values, I analyzed study-participants’ life-history narratives against medical-scientific Near-Death Studies explanatory models, an NDE-Integration-Trajectory (NDE IT) patterns model, and social construction and identity-alternation theory.

My findings were, first, that study participants' descriptions of NDE impact and aftereffects, which matched previous findings, were adequately explained by neither social construction nor medical-scientific theory. Second, participants in this and previous studies described significant NDE interpretation and integration problems, in which I recognized a previously unidentified, health-education-and-counseling-related, *pattern of unmet NDE integration needs*. Third, my findings supported the previous NDE IT findings and model; and also recognized the importance of individuals' *multiple cultural meaning systems* in shaping their NDE integration patterns.. Fourth, 29 of 50 study participants had not sought out and did not identify Near-Death Studies as a useful NDE integration context or resource; and they described it negatively if they mentioned it at all. Moreover, the 21 participants who had sought a connection with Near-Death Studies also expressed dissatisfactions.

My findings speak to the need for development of a research agenda and model(s) designed to assess and address the education and counseling needs of tens of millions of NDErs, and their health care providers. My analysis addresses the potential social-wellness value, as well as the needs, of a community of 13 million adult NDErs, in the U.S. alone. It situates its analysis within a context of escalating social and ecological crises and an in-progress paradigm-shift away from the still-official Newtonian/Cartesian *material world view* of Western culture. It recognizes the potential social value of NDErs' collective visibility as agents, among many others of a (re)emergent *sacred worldview*; one that is linked to the world views of diverse indigenous knowledge systems as well as of quantum physics.

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Dedication

For my mother, Elizabeth Van Nuys Thomas Gordon

Thank you for being my mother. Thank you for showing me how to live and how to die. Thank you for loving me to death—and beyond.

Your *Impossible Acts of Power*, posthumously, weave a fantastic narrative of overlapping realities, inexplicable events with multiple witnesses, and a trail of unlikely outcomes, including this one, which no one could have predicted. In the beginning, I situate you: You are telling me about where you went after you died and why, despite your reluctance, you came back—“because I heard you kids calling me.” Thank you for being the ring of truth I heard sounded by every other mother who participated in my study. Thank you for registering the shock of realizing, simply because you had died, that you were no longer afraid of death.

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From the beginning, I have been held within the strong Hoop of the Earth Council of the Shield Sisterhood and Gate Keeper AmyLee. *Niyaweh.*

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Chapter 1: What Are Near-Death Experiences? About the Medical NDE Model and Contemporary Near-Death Studies Research

Several years after having a “near-death experience” (NDE) at the age of 46, as a result of a near-fatal automobile accident, cultural anthropologist Patrick Gallagher described the experience in an article, considered a classic in Near-Death Studies literature (Gallagher, 1982). This quote is from the abstract of that article:

Otherwise rather similar to the phenomenon and after-effects of his participant-observations in anthropological fieldwork, the author’s near-death experience was a more exact solitary form of learning a new reality, replete with symbolic meanings that altered his view of life, death, and their intermediate cultural patterns. While unconscious and partially paralyzed for weeks, he had the usual NDE visions: he idly examined his body from above, lost gravity to gain flight, passed through a void tunnel to a luminous world, and encountered there personages of *radiant* knowledge and total love, all of whom had no need to eat drink, sleep, dream, demonstrate personal worth, or use words rather than interest to know each other and everything else. . . .

Since he recovered, his memory of these visions strangely has increased, causing him gradually to abandon many typical cultural patterns—such as frenzied competition, boredom in conversations, material collection, and continual anxiety and concern over quite brief events and imagined statuses—and to replace them with the recognition

of the eternity granted by adherence to the present moment and of the remarkable worth and interest of everyone he encounters (p. 140).

The memory of his experience increases, Gallagher wrote, “I think because the spiritual dimension of my reflections on that event continuously changes me and gives me insight into our life on this planet.” Most remarkably, he concluded, “Such ‘counter-shock’ insight on my return includes the dimensions of our reality—time, space, and logic—which my NDE has profitably altered” (Gallagher, 1982, pp. 146-147).

The Near-Death Experience as a Medical-Scientific Phenomenon

As Gallagher’s description demonstrates, with the medicalization of death in industrialized, Western societies, the death-bed visions of earlier centuries re-emerged culturally, in medical science, as a clinical phenomenon. The medical-scientific *near-death experience* (NDE) model, now used to label such experiences, describes them simply as profound, psychological events or subjective experiences, seen to have particular “transcendental or mystical elements,” which not-infrequently occur when individuals are at, or near physical death (Greyson, 2000, pp. 315-316; Greyson 2004, pp. 604-605). The medical NDE -- as subsequently described in more detail in this chapter -- is a contemporary, western, medical-scientific construction; but such experiences, and their impact, have been described in myths, sacred texts, and historical accounts from diverse societies around the world.

As reviewed in this chapter, Near-Death Studies research literature indicates that there are characteristic, profound, but still medically-unexplained aftereffects of

these experiences. Because of the impact and aftereffects of NDEs, there are also very frequently years of life-upending turmoil, for experiencers and loved ones, during the process of integrating these experiences (Greyson 2000, pp. 328-329): “You want to sell the bank and open a soup kitchen,” I overheard one experiencer explain. Consequently, these experiences have been seen as part of a family of “extraordinary experiences” which can serve as uniquely powerful “agents of cultural deconstruction” (Ring, 1992, p. 243), as the next section explains.

NDE Impact and Aftereffects – A Psychological Profile

According to psychologist Kenneth Ring’s analysis of previous Near-Death Studies findings, research indicates that Western near-death experiencers (NDErs), whatever their pre-NDE differences, tend to report similar patterns of NDE aftereffects, and consequently can be seen to share a remarkably similar, post-NDE “psychological profile” (Ring, 1998, pp. 123-133). Included in Ring’s profile were, first, a characteristic set of psychological and behavioral changes associated with shifts in previously-held values and beliefs (pp. 124-126): NDErs were seen to have increased appreciation and reverence for life, greater self acceptance, enhanced concern for the welfare of others, and greater concern for the ecological health of the planet; but decreased interest in material success, status, or social competition.

Experiencers were found to become more spiritual, and more inclusive and universal, as opposed to religious or dogmatic, in their spiritual beliefs: regardless of prior religious beliefs or the lack of them, they tended to express knowledge of the existence of some divine source or power, whether termed God, the Light, or

something else (Ring, 1998, pp. 126-127) . They became “imbued with a tremendous thirst for knowledge. . . often . . . in the service of their own spiritual search” (p. 126). Most dramatically, given our society’s prevailing fear and avoidance of death, they no longer fear death—instead, “death . . . is regarded positively, as a liberating transition. . . . As a rule, NDErs become convinced that some form of sustained conscious existence awaits them following the death of the body” (p. 127).

Second, beyond such psychological, behavioral, and beliefs-and-values shifts, the profile included profound “alterations in consciousness and paranormal functioning” (Ring, 1998, p. 127). These aftereffects were seen to indicate that NDEs were more than subjective, visionary experiences, but may activate “normally dormant potentials for *higher consciousness* and extraordinary human functioning” (p. 127). Ring’s profile, for instance, included post-NDE “states of expanded awareness” with sometimes-overwhelming experiences of direct cognition of new knowledge, as well as accelerated development of “a whole range of psychic sensitivities” including: “telepathy, clairvoyance, precognition,” out-of-body (OBE) experiences; enhanced perceptions, e.g., of human energy fields; and the “development of healing gifts” (pp. 127-129).

In addition, Ring found “impressive, if preliminary, evidence” that NDEs “tend . . . to trigger an array of consistent physiological and neurological changes that . . . define a distinct *psychophysical* syndrome,” including four major categories of physiological and neurological changes: first, hyperesthesia—“an unusual sensitivity

to environmental stimuli,” which may include experiencers’ having unusual electrical effects as well as unusual electrical sensitivity (1998, p. 129); second, physiological hypoarousal—“reductions in body temperature, blood pressure, and metabolic rate” (p 130); third, energetic shifts—which, in Hindu yogic traditions, are associated with the activation of *Kundalini* energy, which stimulates expanded consciousness and “higher sense perception”; and, fourth, profound, lasting, psychobiological effects—structural and functional neurological alterations. These aftereffects suggest, according to Ring, that rather than being simply a psychological or subjective experience, “the NDE affects *soma* as well as *psyche*” (p. 131).

So even (or perhaps especially) in our secular, materialist society, it is understandable that, in the 30 years since the emergence of the medical NDE model, there has been wide-spread scientific, scholarly, religious, and popular interest in NDEs and their often life-transforming aftereffects (Greyson, 1995, p. 221; Ring, 1984a, 1992). However, the medicalization of these experiences tends to produce “outsider,” reductivist explanations of them in Near-Death Studies. Consequently, the meaning of NDEs—whether one looks for their meaning in medical-school textbooks or media reports—is frequently diminished, muddled, or otherwise misrepresented, I discovered.

About this Study

By contrast with researchers interested mainly in NDEs, and in their own clinical or other explanations of them, my primary research interest has been in near-

death experiencers (NDErs)—and in the largely-neglected subject of how they interpret NDEs as profound *subjective* experiences. Based on my findings, described in chapter five, this study also explores the under-researched subjects of experiencers’ interpretations of the impact and aftereffects of NDEs, and their health-care and other NDE-integration-related difficulties.

In juxtaposing experiencers’ descriptions and interpretations of their NDEs with the Western medical-scientific model, this study examines the extent to which experiencers’ and researchers’ descriptions of the NDE do and do not match. Based on differences I found in their NDE descriptions and interpretations, and between the interests and roles of researchers and experiencers engaged in Near-Death Studies, in this study I also examine the medical NDE research model and context, and explore the value of an alternative approach, from a human and social health education perspective.

NDErs have been estimated, by various major surveys, to include at least four to five percent of the populations of the U.S. and some other Western societies—and to comprise a population of approximately 13 million adults in the U.S. alone (Long, 2007). Given such estimates, the health needs, as well as the potential social significance of this still-invisible community, I think, deserves greater research focus.

The findings I will be discussing were generated by a method which has not been used previously in a substantive Near-Death Studies research project. My project involved a hermeneutic, “person-centered” ethnographic study, within an American culture-studies analytical framework, of the lives and self-generated life-

history narratives of 10 primary and 40 background research participants in the United States who have had near-death experiences. The entire project has spanned more than a decade, and involved more than four years of interviewing and other field work interactions, not only with my formal group of 50 participants, but with hundreds of near-death experiencers and, often, their significant others.

In making experiencers' lives the context for my study, and listening to them, within that context, as the "experts" on the meaning and significance of near-death experiences, this dissertation is meant to address interests of researchers in Near-Death Studies and in health and Death Education and Counseling, and of American Studies and other critical culture-studies and social-science scholars and researchers. Also, it is meant to interest, and to engage, experiencers as well. My study was designed to be not only "about" its participants, but "for them," even "with them," as well. Therefore, as explained in the conclusion, the alternative approach which I will be suggesting is a purposely tentative one, because further development requires experiencers' active engagement and interest, as well as my own.

The initial aim of my study, which is described in the next chapter, was simply to explore how my research participants explained the meaning and significance of the aftereffects as well as the subjective experience of their NDEs. As will be described, the original questions which ultimately led to this research project were connected with the death of my mother, a clinical near-death experience survivor. For instance, I wondered if there might be a positive correlation between having had a previous near-death experience, and subsequently having—however one

defines it—a “good death.” These questions, I was surprised to learn in 1994, did not seem to be answered, nor even addressed, in Near-Death Studies literature. In fact, in death-and-dying research overall, not just in Near-Death Studies, I found, ethnographic research is needed, because there are so many unanswered health-care- and health-education-related questions, and so little first-hand knowledge about what it is like to die.

Contemporary Near-Death Studies and the Medical NDE

"Eyewitness accounts [of near-death experiences] can be found throughout the folklore and religious literature of the world," according to Carol Zaleski's comparative analysis of medieval and contemporary accounts of NDEs (Zaleski, 1987, p. 5). In *The Republic*, for example, Plato recounts the story of Er, a Greek soldier revived after dying in battle, which includes all the core elements of the contemporary “clinical near-death experience” model; and in an eighth century account, "the Venerable Bede relates the story of the vision of Drythelm, a devout Northumbrian man who died one night after a severe illness." When he revived the next day, he told his wife, "I have been permitted to live again amongst mankind; nevertheless after this I must not live as I used to, but in a very different way" (Sutherland, 1995, p. 1).

As indicated above, Near-Death Studies contributors have identified such accounts in the literatures of many cultures, including those of Eastern and Western Europe, the Americas, Vietnam, Borneo, New Zealand, New Guinea, Siberia, Tibet, India, Japan, and China; they are seen in myths and religions of native Americans and

Maoris, Buddhists, Christians, Jews and Muslims, and followers of Zoroastrianism and the Baha'i faith (Sutherland, 1995, pp. 1-2, 25-27). In recent times, accounts of such experiences (labeled in various, different ways) have been written by psychotherapist C. G. Jung, Swiss geologist Albert Heim, novelist Katherine Anne Porter, Russian neuro-pathologist George Rodonaia, American physician George Ritchie and Swedish physician Goran Grip, cultural anthropologist Patrick Gallagher, naturalist Greta Erlich, and NDE experiencer-researchers P.M.H. Atwater, Barbara Harris, and Cherie Sutherland. In the field of culture studies, "borderlands" theorist and social activist Gloria Anzaldua has written of the life-redirecting visions that accompanied "each of . . . [her] four bouts with death" (Anzaldua, 1987, p. 35).

Emergence and Development of the Near-Death Studies Field

The twentieth century ushered in what has been called the "Age of Death Denial," and of hidden and medicalized dying and death in Western societies (Moller, 1996, pp. 15-24) . Toward the end of that century, Elizabeth Kubler-Ross's work on death and dying, and her personal disclosures about her own mystical experiences, had tremendous impact on an awakening of public awareness and interest in issues related to death and dying. Her work (e.g., Kubler-Ross, 1975) is closely tied to the emergence of the Near-Death Studies, Death Education and Counseling, and hospice fields and movements. If her work both anticipated and contributed to the emergence of the field of medical Near-Death Studies, physician-researcher Raymond Moody's 1975 publication of *Life After Life* certainly precipitated it, and an immediate,

profound public interest in the phenomenon which he labeled the near-death experience, or NDE.

Swiss geologist Albert Heim is credited with having first described the phenomenon as a clinical syndrome in 1892 (Greyson 2004, p. 604). By the late 1970s, after the publication of the works by Moody and Kubler-Ross, studies of such death-related experiences began to move from the fields of abnormal psychiatry and the paranormal to the medical arena. By 1984, a book of compiled NDE research already included work from professionals in the fields of sociology, psychiatry, philosophy, medicine, clinical nursing, social work, psychology, and psychopharmacology (Greyson & Flynn, 1984). More than two decades later, scholars and researchers in dozens of additional fields and disciplines have published articles in the peer-reviewed *Journal of Near-Death Studies* (formerly *Anabiosis*), or otherwise contributed to the literature in the field. The *Journal* is published by the International Association of Near-Death Studies (IANDS). Organized in 1977 by early Near-Death Studies leaders in reaction to the overwhelming response to Moody's first book, IANDS has served since its founding as a research and education organization for Near-Death Studies contributors, and medical, health education, and other professionals; and also as a sort of support organization for experiencers of NDEs and other anomalous or "spiritually transformative experiences" (STEs). In 2006, the organization reported that a survey of IANDS' almost 900 members indicated that a third of the 300 respondents were NDErs, and

also that 36% of the non-experiencers reported having had other “mystical” experiences (Holden, 2006).

By 1982, with an aging population and dramatic advances in medical technology, according to a Gallup survey, adult "near-death experience survivors" in the U.S. were estimated to number approximately eight million (Ring, 1984b, pp. 6-11). Gallup's 1982 and 1992 surveys, which contributed to the estimate cited above, of 13 million adult U.S. experiencers, helped legitimate the near-death experience as a significant research topic and widespread social phenomenon. While estimates of the prevalence of NDEs have varied, based on subsequent studies in the U.S., Germany, and elsewhere, they indicate that NDErs may comprise from five to eight percent of the populations in these and other Western societies (e.g., Greyson, 2000, p. 316; Greyson 2005, p. 59; Atwater, 2006).

Considering the lack of childhood NDE data, and other research findings and research issues described in chapter five, it is probably conservative to estimate today that at least 13 million individuals in the U.S. have had near-death experiences (Long, 2007). Also, based on historical records, anthropological accounts, and other sources explored in previous studies, it seems reasonable to suspect that individuals have had these kinds of experiences in many eras and diverse societies around the world. It is also likely, given advances in medical technology and treatment, that, in many societies, the number of near-death experienced individuals is increasing.

The Medical Model's Description of NDE Features

Moody's early research, although not demonstrating rigorous method or quantifiable findings, and not meant to describe the NDE phenomenon prescriptively, did provide the medical Near-Death Studies research model's description of the NDE, more or less by default (1975). While he cautioned that each experience is unique, and that there is great variance among NDEs in terms of the number, kind, and order of elements reported, Moody initially identified the following NDE elements:

- ineffability
- awareness of being death, or being pronounced dead
- sense of peace
- hearing unusual sounds
- seeing a dark tunnel
- meeting spirit-beings
- experiencing a bright light, or a being of light
- having a life-review
- revealed knowledge, or a realm of omniscience
- cities of light
- a realm of confused beings
- a "supernatural rescue"
- encountering a border or barrier
- returning to the physical body.

To this list, he later added four NDE aftereffects which he thought were important elements to add to his early description: difficulty in relating the experience, a “broadening and deepening” of life, loss of fear of death; and corroboration of “out-of-body” perceptions of events (Moody, 1977). As explained in my concluding chapter, however, because of the immediate, almost overwhelming scholarly and popular response to Moody’s initial work, and the apparent widespread acceptance and appeal of the NDE as he first observed and studied it, leading researchers in the field started out with his initial NDE description as their subject, and consequently with its medical setting as their research context.

Ring later organized and described a set of NDE elements, identified by Moody and confirmed by subsequent researchers, as an apparently unitary pattern of phases, or stages (Ring 1984a), which came to represent the complete or classic NDE. Though it has not been found to match the experiences of the majority of near-death experiencers, as suggested by previous studies, as well as by the NDE narratives and findings presented in this study, Ring’s phase-based arrangement and narrative description of Moody’s NDE elements both supported and refined the already popularized NDE as the dominant research model in Near-Death Studies.

The event, as Ring has organized it, is seen to include:

- being out of the body
- a deep sense of well-being or bliss
- moving through a darkness or tunnel
- seeing or merging with a golden light

- encountering compassionate beings of light
- receiving revealed knowledge
- experiencing a “life review”
- being in a timeless and subjectively hyper-real world of preternatural beauty
- making a decision about whether to return to this world
- and being with loved ones who have previously died.

Current Status of the NDE Model

Currently, one serious NDE model-related problem facing leading contributors and other stake-holders in the field is that, while this NDE description was taken to be an adequate one; and, as a result of this original assumption, while the NDE has been presumed to have been consistently described in the same way by different Near-Death Studies researchers, this does not now appear to have been the case. Rather, according to some researchers and other stake holders, there is increasing evidence that “there is no universally agreed-on definition of NDEs” among contributors to the field (Greyson, Kelly, and Kelly, 2007, p. 1). That is, there is no collective agreement on how NDEs have been defined and studied in the field. To the extent that researchers are found to have been describing NDEs idiosyncratically, and/or using different criteria for identifying experiencers of NDEs, serious questions are raised about the comparability of findings of different research studies, and thus about the overall scholarly value of research and literature in the field.

Given a long history of critiques and challenges to the reductionist materialist construction of the medical-scientific NDE model in Near-Death Studies, none of which has successfully unseated it as the field's dominant model, the findings-based case I will build is the first to identify and describe the need, in Near-Death Studies research, for an NDE health education and counseling model; and to evaluate the adequacy of the medical NDE for health education and counseling purposes.

For example, the model includes neither NDE *impact* nor typical *NDE aftereffects* as elements in its description of its subject, nor does it require proposed explanations and arguments otherwise to account for them. Nevertheless, as described in my introduction to this chapter, research has produced a substantial body of evidence indicating that there are characteristic sets of NDE aftereffects, and that the impact and the aftereffects of NDEs on experiencers and others is typically profound, often life-transforming.

As I have described, in addition to loss of the fear of death, other characteristic NDE aftereffects confirmed by Ring and other researchers have included: positive belief and value changes, personal transformations, changes in religious or spiritual orientation, physiological changes, psychic development, and planetary visions (Ring, 1984b; 1999); as well as increased concern for others and appreciation of life, a new or deepened sense of purpose or mission, and decreased materialism and competitiveness (Bauer, 1985, Flynn, 1982, 1986; Grey, 1985, Greyson, 1983, 1992; Noyes, 1980; Ring, 1980, 1984; Sabom, 1982; van Lommel, van Wees, Meyers, and Elfferich, 2001).

In contrast to initial research perspectives on NDEs as altogether positive experiences, subsequent research has also focused both on the contents of frightening NDEs; and on the difficulties typically experienced by survivors in integrating NDEs. Experiencer-researcher P.M.H. Atwater, as will be discussed in chapter five, has led the field in this area.

There seems to be no disagreement in Near-Death Studies that NDE aftereffects are among the features that most authenticate the NDE as an important research subject—that is, they are among the features which differentiate NDEs from other kinds of “profound” but delusional experiences. There also seems to be little disagreement with the fact that aftereffects have not been adequately studied. Research on aftereffects has been seen to have tremendous importance for the field, first, because, unlike NDEs themselves, aftereffects are subject to observation and corroboration; and, second, because of their considerable individual and social significance, as the real-world “fruits” of the near-death experience “seed” (Greyson, 1989, p. 87; 2004; p. 605). As important, the impact of NDEs has been suggested, by some previous studies, to be to some degree contagious; that is, exposure to NDE accounts has been seen to have positive effects on non-experiencers, including hospice patients and the bereaved, similar to those described by experiencers (Ring, 1998).

For these reasons, I will consider whether and how an NDE research model, which is suitable for health education and counseling purposes, might include, as elements in its description, or otherwise account for certain NDE aftereffects, such as

loss of the fear of death. In my conclusion I will explore the NDE model problem, and whether it is evidence that the NDE may be an “essentially contested concept” in the field. The need to focus on this conflict, I think, is suggested, first, by the concerns of some leaders that NDE researchers have been “using the wrong model” (Atwater, 2007), and the contradictory concerns of others that researchers may not have been using exactly the same definition of that model (Greyson, Kelly, and Kelly, 2007).

Whatever the flaws and limitations of that model, however, NDEs as described by it “call into question the common assumption in neuroscience [that] . . . consciousness is the product of brain processes” (Greyson, Kelly, and Kelly, 2007, p. 2). Just as the quantum model of physics “revealed”—but only in exploring “extraordinary circumstances”—the “limits of the Newtonian model and the need for additional explanatory models so too with the question of the mind-brain relationship” (p.2). That is, the “exploration of extraordinary circumstances such as NDEs may reveal current limitations of the current model of mind-brain identity and the need for a more comprehensive explanatory model” (p. 2).

Explanatory Models

This section provides a brief review of some of the kinds of explanatory models proposed for NDES in Near-Death Studies. As both an introduction, and a summary of what I think is their value, the following quote describes what I agree is the challenge which NDEs present to physiological models of the mind: How does “complex consciousness, including thinking, sensory perception, and memory . . .

occur under conditions in which current physiological models of the mind deem it impossible?" (Kelly, Greyson, and Kelly, 2006, p. 35):

This conflict between neuro-scientific orthodoxy and the occurrence of NDEs under conditions of general anesthesia and/or cardiac arrest is inescapable. Scientific discussions of the mind/brain problem, to be responsible intellectually, must take these data into account. Only when researchers approach the study of NDEs with this . . . in mind will we progress in our understanding of NDEs beyond unsatisfactory neuro-scientific conjectures. Similarly, only when neuroscientists examine current models of mind in light of NDEs will we progress in our understanding of consciousness and its relation to the brain (p. 35).

Various, speculative, materialist, reductivist, psychological and neuro-physiological hypotheses have been offered for the occurrence of NDEs. They include both "global" and "mini" theoretical approaches to explaining NDE phenomena (Sutherland, 1995, pp. 18-30). But none of them has explained all the common elements of NDEs satisfactorily (and perhaps should not be expected to); and typically they have selectively ignored certain elements in order to provide reasonable explanations of certain others (Greyson, 2000, pp. 336-337).

Among the psychological interpretations have been that NDEs are conscious or subconscious inventions of experiencers and/or researchers arising out of a need to deny death, that they are religious "wish-fulfillment," that they can be explained by such psychological phenomena as depersonalization and regression, that they arise from birth memories or Jungian archetypes, or that they are connected to traumatic childhoods. Opposing arguments to these speculations have included findings that

experiences have not been linked to excessive fears or to childhood trauma, that religious believers are no more likely than others to have NDEs, and that depersonalization and regression experiences bear little relation to NDEs.

Physiological hypotheses about the causes of NDE phenomena have included cerebral anoxia, autoscopic hallucinations, and other states of abnormal consciousness associated with physical, psychological or drug-related causes. Neurobiological explanations have included limbic lobe dysfunction and other brain disorders and abnormalities. Counter-arguments to these hypotheses have been based on the implausibility of speculations based on comparisons of unrelated phenomena; findings supporting the anomalous rather than abnormal qualities of these phenomena; and findings that link drugs with decreased rather than increased NDE incidence.

Grosso agreed with Ring that acceptable explanations must do more than present theoretically plausible explanations for some features of NDEs, but rather be able to explain the phenomena comprehensively, including aftereffects. But, as Greyson contended, without conclusive evidence for a "unitary conception" of such experiences, it is important to consider theories that explain only some of their features and/or that suggest different causes for different phenomena (Greyson, 1989, p. 87).

Reflecting the variety and range of arguments and disciplines in the field, and on the NDE model-description problem, it seems to me that without addressing this issue in the field, and without additional research on both identically-defined near-

death experiences, as well as on related kinds of anomalous/spiritual/mystical experiences, it may not be possible to know whether NDE aftereffects actually are "totally unlike the after-effects of any phenomenologically comparable experience" (Greyson, 1989, p. 87); and whether NDEs are singular, unique experiences, or part of a larger category of transformational human experiences.

Religious vs. Sociological Explanations

Opposing interpretations of NDEs have been presented on the one hand by the "cultural conditioning hypothesis," which links the content of NDEs to experiencers' prior beliefs; and on the other hand by the "universality argument . . . that the NDE is in fact a universal experience with strong cross-cultural agreement" (Sutherland, 1995, p. 25). There have been various religious versions of this argument. Research findings have pointed to the presence of both "culturally specific details" of NDEs, and common, cross-cultural, core elements. To be described at all, of course, the ineffable must be "described in culturally specific or meaningful terms." By extension, we might well expect to find different sorts of culturally-specific variations in an "afterlife" just as we do in this one (Sutherland, 1995, pp. 25-27).

Interestingly, there are cases of experiencers from one culture or religious tradition having experiences more likely to be expected in another; and most experiencers who report seeing beings of light "do not in fact personify this being as a deity identifiable within their religious belief or cultural background" (Sutherland, 1995, p. 28). In terms of overall patterns of "core" content and elements, as Sutherland, Gallagher, Ring, and others have observed, "in the majority of cases so

far reported, the efforts at articulation by near-death experiencers show remarkable consistency" (p. 28). Zaleski, Greyson (2007, p 4), and others have agreed, observing that, while NDEs "come in a variety of flavors," and typically exhibit some culturally-specific imagery, there are certain "core experiences" or elements, that cross historical and cultural boundaries (Zaleski, 1987, p. 126). If so, it would not be surprising that early-childhood experiences are likely to include mainly "core" NDE elements, but otherwise report experiences similar to those of adults, according to Bush, Gabbard and Twemlow, Herzog and Herrin, Morse, Greyson, and others (Greyson, Kelly, and Kelly, 2007, p. 4). According to cultural anthropologist Patrick Gallagher's observations, the evidence of independent reports of "practically identical perceptions and descriptions of the event--despite vast differences in the witnesses' cultures" is even more remarkable, considering that credible "anthropological reports of similar events are seldom identical, or even similar, no matter how alike the reporters may be" (Gallagher, 1982, p. 141).

Critiques of the NDE Model, and Proposed Alternatives

Like Ring, Zaleski, Atwater, Kellehear and others, Morse has argued against a unitary, medical-diagnostic interpretation of these experiences. Characterizing them as *parting visions*, Morse included NDEs as part of a broader range of "spiritual experiences that take place in the arena of death," but not only to those who are dying, whose effects on experiencers can be "awe-inspiring" and which "affect body and mind alike" (Morse, 1994, p. ix, xiii).

A hospice study by Callanan and Kelley presented a descriptive model for a process of *nearing death awareness* (NDA) to explain the finding that many hospice patients experience features of near-death experiences over the course of the dying process. They suggested that NDEs may be abbreviated forms of this even more commonly experienced NDA process (Callanan and Kelley, 1992). One very significant implication of that study is that, rather than being experienced by only some individuals, NDEs—or NDAs—instead may be experienced by most individuals, because—as many experiencers insist is the case—they may simply be more common features of dying trajectories than is realized.

Sutherland’s study, used as my comparison study in chapter five, focused on NDE impact and aftereffects (Sutherland, 1995). Based on her findings, Sutherland has proposed the NDE *integration trajectory patterns* model, as discussed in subsequent chapters (Sutherland, 1995, pp. 205-237).

Recent contributions to Near-Death Studies have examined the negative effect of the culture of Near-Death Studies, and its dominant model, on contemporary society’s understanding of the meaning of near-death experiences, and thus on the potential cultural significance of these transformational events. For example, philosopher Neal Grossman considered several possible explanations for the “severely-limited,” “fundamentalist” scientific paradigm, which, he contends, continues to exclude the substantial, accumulated data it cannot explain (2002). In challenging the “value-free” presumptions of scientific objectivity and neutrality, and raising issues of scientific bias, dogma, political ideology and agenda, he echoed

sociologist Allan Kellehear's argument that both experiencers and society need an alternative, social-crisis approach for modeling "experiences near death" (Kellehear, 1996).

In *Near-Death Studies*, Kellehear's important critique of the field, his proposed alternative approach, and his sociologically-grounded argument represents a major contribution to the literature. Though our arguments differ, as will be described in later chapters, his study was an important influence on this work. His perspective as a sociologist, like mine as an ethnographer, is that the NDE is a personal and a social phenomenon, which is de-contextualized and misrepresented in *Near-Death Studies*. He argues that a social model and "biographical" context are necessary, for studying NDEs, or ENDS, to gain knowledge that will—as it should, he argues, address the needs of society and of experiencers.

Instead, the persistence of an "unwinnable" debate between science and religion has continued to dominate in *Near-Death Studies*, Kellehear has argued; which makes it appear to be less about science than about religion—and turf: when, doggedly, "science deliberately competes with religion," as he observed, "it must be competing for the same business." From his perspective, the issue of the self's survival is not of interest to society, or to experiencers. Instead, just as "the NDE is more significant than an interesting footnote in the medical literature," as Kellehear has argued, it is "far more important socially than its possible value as evidence for life after death;" and it seems unlikely that "any enduring personal and social

significance of the NDE” is likely to be “found in a theory of the afterlife or of hallucinations” (p. viii).

Rather, what makes NDEs valuable, from his perspective, is more simply that they supply “visions” of the “utopian society” which, in our critical times, are needed, for inspiration and direction. The death, or near-death, at issue, for Kellehear, is not about physical death—although a physical death may be involved—but the death, or death-and-rebirth, of one’s social identity. From his perspective, the key to understanding NDEs lies in seeing them not as death-connected events specifically, but as socially-significant, “crisis events,” similar to surviving earthquakes or shipwrecks. According to Kellehear, these involve a social alienation or displacement experience, a related identity crisis, and a subsequent return to society with a new identity and status, and more humanitarian values (Kellehear, 1996, pp. 154-156,173).

Hence, the study, and description, or model, of such “social crisis and return” experiences, he argues, should not be limited to clinical NDEs, nor is the medical-scientific context of Near-Death Studies adequate for such study. Rather, these experiences are to become the province of a different set of experts—sociologists and other culture-studies scholars. Kellehear does not dismiss very real clinical and other complexities that may arise in studying these experiences, but he adds: “The larger task . . . for religious studies, medicine, or sociology . . . is to elucidate the *meaning* of the NDE.”

Contents and Organization of the Text

To conclude my introduction to the study, and this chapter, I next will briefly introduce each of the ten individuals in the study's core-participant group, then "place myself" in relation to the study and its participants. In the narratives of my ten primary study participants, and in my references to them in the following section and elsewhere, pseudonyms, rather than actual names, are used.

In chapter two, I will describe my ethnographic field work approach, explain participant selection criteria; provide additional data about the core participants, and information about the larger group of background participants; and, finally, explain the ethnographic method and theoretical frameworks I used—as well as some of the field work realities I encountered—in approaching and interpreting the lives of the participants, especially the life history narratives of the study's core-group members.

Chapter three contains the near-death experiences, or "non-death-experiences," or otherwise alternatively-labeled NDE accounts—of seven of the study's ten core participants, as I extracted and shaped them, from my far more extensive transcripts of our recorded interview sessions. The chapter's introduction briefly describes the range of similarities and differences I noticed in comparing all of the core participants' narratives, and selecting these as representative. In chapter four, the life history narratives of the these same seven participants are introduced and presented.

In Chapter five, I present and discuss the study's findings of NDE aftereffects, NDE integration-trajectory patterns, and unmet NDE-integration needs. I compare

and contrast its design, method, approach, participant group, and findings with a comparable, NDE-aftereffects-focused, Ph.D. research study, by Australian sociologist and near-death experiencer Cherie Sutherland. I also make comparisons with some findings from the extensive, aftereffects-related research of P.M.H. Atwater, a major contributor to Near-Death Studies literature. I also include some findings to illustrate some of the resulting costs and consequences, for experiencers and their significant others, and for medical and other professionals who encounter NDErs in clinical settings, but who may be unable to identify them, let alone respond appropriately to their needs, or the needs of their loved ones.

In chapter six, I begin with a situated assessment of the value of the study. I then provide a framework and a real-world social-crises context, and describe and explain the development of the suggested assessment criteria which I use in the chapter, for assessing the medical NDE as an appropriate health, or death-and-dying education and counseling model. I describe some of the reformist qualitative research approaches which informed my critical analysis of the roles and relationship of experiencers and researchers as participants in Near-Death Studies and IANDS; as well as my conclusions about the need for an NDE health education model and research agenda, and a separate, but still-affiliated, peer-run association to address the health and other needs of experiencers, as well as their potential social value. I explain how I think these developments might benefit experiencers, as well as medical and health-care providers, health and death educators and counselors, other Near-Death Studies professionals, and society as a whole.

An Introduction to the Study's Core Participant Group

Gwen, my first study participant, was the newly-single parent of two young daughters when she "died in a train wreck" more than two decades ago. She was flying toward the "world of light." Suddenly remembering her children, she reluctantly turned back to the "world of darkness" to care for her girls, and arrived carrying the weight of a vastly greater knowledge of herself and creation. She was the only one of the eight core participants from European American, or white, families who—like the two core-group participants from African American families—did not have traumatic integration issues.

Neil is a professional psychic, the host of a popular, local cable television program, and an author. He was 27 when he was "shot to death" in Manhattan, by "a Son of Sam copycat" stranger. "I didn't have an NDE," he points out, "I was *dead*." He gained a new appreciation for his murderer, during his "shamanic death and rebirth" journey; and earned the right not to be sent back from the light. Further, out of compassion for his mother, his willingness to return to a brain-damaged body where he would have "to learn not to drool," earned him startling gifts. He reaches out now to others "totally confused" by the "superpowers" they bring back from the light.

Chris "did the Christopher Reeves" thing, when she was thrown from a horse, the same year as Gwen's train wreck. Finding herself in "a bar in heaven" with her dead grandparents, she too could not forget the kids. Chris was still struggling to label the experience, when we met during my first phase of my field work. Then—

given the emphatic fact of having landed on her head, and the questionable “bar in heaven,” Chris couldn’t eliminate *brain damage* as a label, let alone see how *near-death experience* made sense. “Maybe I’m crazy,” she would say occasionally, during the first phase of my study, more than a decade ago. “But dead people talk to me, and they give me accurate medical information.” But recently, when I reminded her of this, she quickly responded, sounding pleased, “Well, I don’t think I’m crazy anymore.”

Jenny, a transplanted Canadian grandmother, was depressed for months, after the abrupt termination of her vivid, imaginary journey, during a critical illness—still furious at the priest-friend whose arrival had somehow pulled her back to the “real world.” The only core informant I met through the International Association of Near-Death Studies (IANDS), Jenny was also the most recent “near death experience survivor” in the core group. Grateful for having learned from IANDS that she wasn’t “crazy,” she was the only one who used “NDE” as her preferred label for the experience. But she was still reeling from having her life, and self, “turned inside-out.”

During **Kelsey's** "spiritual revelation," after falling down an elevator shaft, she was able to get up and to move freely and without pain, and to lift both arms above her head in thanksgiving—until help came, and the light withdrew; and she crumpled in agony, severely injured, one arm nearly severed at the shoulder. But in Kelsey’s spiritually-oriented African American family, “a long line of preachers and teachers” had left accounts of “spirit journeys” like hers. She made major life

changes after the experience, but never had to deal with feeling “totally confused” or “crazy.”

Seven years after an undiagnosed series of seizures culminated in his “spiritual near-death experience,” **Nagual** describes himself as a recovering sex and drug addict, still struggling with addictions and other psychiatric and mental-deficit disorders stemming from early-childhood parental abuse and abandonment. But he thanks his “63 Revelations from Christ” for preserving his marriage, and teaching him he is “here to give, not take.”

Alicia paused at the beginning of her journey to the light, floating above the scene of her “traffic incident,” to watch the driver who hit her get out of his car, go over to her crumpled Corolla, and reach in to turn off her headlights. Then—remembering she “had other fish to fry”—she lost interest, and went on. As an adopted child who never fit in, she was thrilled to be reunited with her “real family” in the light. Back here, along with the traffic ticket she got for driving without her lights on, new knowledge, healing abilities, direction began to emerge, reshaping her life.

John-Paul, a 22-year-old college senior, hesitantly described being left alone in a hotel room as a teenager, by his abusive, alcoholic parents, so sick with pneumonia he could no longer breathe. Some force pulled him up from his body, “through a door in the air,” and he “found out what God looks like.” That experience comforted him; and, later, one evening on campus, so did a greeting, and a hug, from his spiritual mentor. This priest, as he would later recall, had died prior to their

campus encounter. Like Nagual, he is still dealing with his own substance and alcohol abuse, even as he tries to protect his younger siblings from the violence of his alcoholic parents. Recently, he is having other visions that worry him, of looming threats, a mission from Christ. He wonders: are Muslim terrorists the looming evil? Does God want him to join the Army and go fight in Iraq?

Camille was hovering peacefully in the light, above her body lying down there bleeding to death in the emergency room. Also a teen-ager, she wasn't so much concerned about the body as she was about her mother, sitting beside it; she wished she could tell her mother not to worry, that everything was fine. She expressed some doubt about her value to my study, since the only thing she had experienced was feeling at peace in the light, then looking down, and being able to describe later to her mother what was going. "It's not a big surprise," in her African American family whose members "talk to dead people all the time," she told me, if all that's really different now between her and her siblings is that her "windows are open a little more." The only difference afterwards, she said, was she has no fear of death.

Eric, a retired public school teacher, had only the two elements Camille mentioned, in his "after-death" journey—floating peacefully in the light, no particular need to go back, seeing his body below him—and the same, single after-effect: He realized he wasn't afraid of death. Eric drowned in a boating accident. Like Neil, he insisted his was not a near-death, but an after-death experience. The cardiologist-friend who almost failed to revive him had told him so. Eric, like John-Paul and Nagual, suffered from a pattern of parental abuse and alcoholism; and has struggled with

alcohol addiction. After drowning, Eric kept drinking for a few years, but quit more than a decade ago and joined a recovery program, the only one of these three to have done so.

Background – Placing Myself

Just as I was beginning the research that became the first phase of the field work for this project, I learned that an event I had experienced during surgery as a very young child seemed to have been a near-death experience. My research interest in near-death experiences and their effects had stemmed, as mentioned, from the recent death of my mother. I had wondered whether her clinical near-death experience, more than three decades earlier, might have affected the calm, intentional way she had approached death, and died, with no distress, at home, in her own bed, just as she had wanted—and might somehow explain unusual effects and events experienced by family and friends after her death.

But for me, her death had triggered an almost-overwhelming shift in awareness, perception, cognition, feeling—something had shifted in me, and the whole world seemed different. In journal notes from that time, I wrote about this strange “foreground/background shift” in myself, and the inexplicable pattern of experiences that followed. Still, I was really taken aback, as I began my first foray into the scholarly and research literature in Near-Death Studies, to begin finding accounts that seemed very similar to my “Field of Golden Light,” as I had mentally labeled my never-forgotten, surgery-related, early-childhood experience.

One result of these circumstances was that the process of discovering how my informants had come to interpret and integrate their experiences would become the beginning of the process of integrating my own. These circumstances helped shape my research, especially the initial, M.A. phase of the project, and the first two years of field work involved in it. For instance, I realized I wanted to focus on learning about the lives of *adult* near-death experiencers who, unlike me, had memories of who they were, before “the light.”

During this first, two-year phase of this project, consequently, my personal circumstances created a very intense contextualization for my exploration; and for more than six months, I spent more time with near-death experiencers than with my family. I had informants in Canada and California, and generous access to the expertise and support of other experiencer- and researcher-members of the International Association of Near-Death Studies (IANDS). I explored the literature in the Near-Death Studies field, as briefly reviewed in the previous section; I read critically thousands of near-death accounts in historical sources, and popular and scholarly work; I listened to or watched scores of experiencers' accounts on video and audio tapes, television shows, at IANDS conferences and meetings, and face-to-face. I located "near-death culture" all around me, and discovered informants even in grocery-store lines and among long-distance telephone operators. It was an amazing experience.

As field work progressed, my field notes and journals reflected my informants' and my own frustrating and troubling efforts to breach what I was

coming to think of as the “ineffability barrier” of near-death experience on the one hand, and our cognitive-linguistic “cultural reality-assumption barriers” on the other. My findings and my own experiences both suggested that research descriptions and accounts of near-death phenomena may misrepresent experiences that seem to be located outside of time, space, linear causality and other cognitively/linguistically structured “reality borders” of contemporary, Western culture.

Given these interpretive difficulties, and the force with which the process of integrating a near-death experience impacted my life, certainly I cannot leave my experiencer-self out of the story, as if my integration process had not shaped my research interests, field work experiences, and interpretations (Rosaldo, 1989, pp. 168-195). So as this dissertation proceeds, I need sometimes to identify and speak from my “near-death-experienced” self.

Chapter 2: Listening to Near-Death Experiencers as the Experts – About the Study

Field Work Approach, Participants, and Selection Criteria

Previous near-death research studies typically have used a quantitative approach, shaped by the medical-NDE model, for gathering and interpreting data. That approach makes NDE *accounts*, not *experiencers* themselves, often the primary research sources for whatever data is being sought; that is, it makes the “outsider” medical model, rather than the individual’s experience, central in shaping research studies and findings. It also makes NDEs, not experiencers, the focus of interest. By contrast, I was interested in having experiencers, not simply their NDE accounts, as research sources—and in involving them as face-to-face research participants. I have been especially interested in exploring how experiencers, as the insider-experts, describe and interpret the meaning of their near-death experiences; and how they describe the lived, day-to-day process, and the social forces involved in the process, of integrating the impact and aftereffects of their NDEs.

To make their own lives, rather than the medical model, the orienting framework for my research, I used a qualitative research method, ethnography. This *participant-observation, field-work*-based method was first used by cultural anthropologists. Specifically, I used a “technique of life history narrative-based, or ‘person-centered,’ ethnography” (Caughey, 1995, 2006; Watson and Watson-Franke; 1985). This method facilitated my foregrounding the experiencers who participated in my research study as my primary “Near-Death Studies experts;” and involved

using my study participants' life-history narratives as my central interpretative framework.

Given the medicalization of death, and consequently of the NDE, in the United States and other Western societies, this approach has particular value in Near-Death Studies as it has in research concerned with “race, gender, ethnicity, class, disability, and sexual orientation,” as I hope this study will demonstrate, since:

The cultural dimensions of any life are always intricate and complex, and much can be learned by shifting our attention from groups to individuals. To do so we need to suspend the psychological theories so favored in this society and seek to understand American lives culturally, that is, to engage in life history research or ethnography that is centered on individual people. . . . [Our] cultural understanding . . . can be significantly advanced by careful ethnographic investigation of how the cultural dimensions of these always culturally constructed and culturally variable *concepts* are actually experienced by particular individuals in particular social contexts (Caughey, 2006, p. xi).

I will explain my person-centered ethnographic research method more fully in the second section of this chapter.

About Approach and Informant Selection

In field work, I relied on my personal networks and contacts for locating potential participants. The approach I found most useful, in describing my study to contacts or potential informants, was to say: “I’m interested in learning about the lives of people who have had experiences like near-death experiences.” I had

discovered, from my first study participant, Gwen, that experiencers were not necessarily certain, or even aware, of their experiences as near-death experiences. This allowed me to engage informants whether or not they previously had labeled or even identified their experiences as NDEs. This is not typical of most otherwise-comparable groups of near-death experiencers in previous, retrospective research studies. Most often, these groups are composed of self-reported NDE survivors who have responded to Near-Death Studies research announcements.

With potential core-group participants, I would also briefly explain the life-history interviews and other field work interactions I hoped to have, as described below. Also, when scheduling the first, life-history interview, I found it helpful to let each core participant know I hoped to learn the answer to this question: “If you were going to write or tell someone your life history, how would you go about organizing it into chapters?”

From the hundreds of experiencers with whom I have interacted during field work, I selected the group of 50 participants for this study. Of this group, the 10 core, or primary participants were chosen for being among the best matches for my selection criteria, and for their accessibility and availability for interview sessions and other field work interactions. I also felt it was important to have *anonymous* life-history narrators for core informants; and thus to select those whose privacy and confidentiality I could ensure. Other than using pseudonyms instead of their actual names, and withholding some specific personal or family information, I wanted to

avoid having to alter or withhold information they provided me. So these sorts of considerations determined the demographics of the core group of ten participants.

Each of my two, two-year phases of field work involved substantial time and interactions with a primary group composed of five of the 10 core participants, and access that spanned or exceeded the two-year period.

The life-history interview process involved a minimum of two, but typically four, taped, one- to two-hour interview sessions, usually at the homes of informants; and briefer follow up sessions, at least by telephone. My participant-observation method also required spending extensive time and having various kinds of field work interactions with study participants, and often with their friends, loved ones, and/or work associates.

Aside from my copious field notes on my interactions with all 50 participants, boxes full of them, each of the 10 core informants narrated a life story that—in the form of single-spaced, typed, unedited, interview-tape transcriptions—was from 50 to 173 pages in length. In total, their narratives, which averaged well over 100 pages in length, provided a total of 1167 pages of life-history material. The study's findings, collected in chapter five, are drawn from this material, as supplemented by or compared to material from background participants, as noted.

As a group, the four males and six females who were my core participants: were predominantly from middle- or working-class backgrounds; were composed of four European American males, four European American females, and two African American females; were residing or otherwise frequently available in or near the

same mid-Atlantic, East Coast city; and, with one exception, at the time they began participating were at least 40 years of age. Besides having had a near-death experience that met the assessment criteria, as described below, other initial core informant selection criteria included informants' having had the experience at least five years previously, and having had the near-death experience at age 16 or older; although I made a single exception to each of these two criteria, as I will explain.

I included a few experiencers as background informants whose NDEs had been more recent. This would be useful, both to remind me of the immediate aftereffects of NDEs, and for what would turn out—surprisingly, as I will explain—to be my own NDE integration needs. Their confusion and disorientation, and its effects on significant others, was actually reassuring to me. But their early, still-confused phase of trying to make sense of their NDE-integration-related difficulties reinforced my reasons for eliminating them as core informants, with one exception, as will be noted.

While popular media treatment of these experiences has tended to focus on positive NDE aftereffects, some previous research and survivor accounts, as well as my own interviews, also attest to serious difficulties typically encountered in integrating near-death experiences. Even given at least five years since each informant's NDE, I expected to find informants at various stages of integrating these experiences, and I did. But my scholarly interests and personal questions required answers from experiences who would have had at least some time to reflect on their impact and meaning.

In hopes of avoiding "contamination" of core informants' interpretations of their experiences by knowledge of related research findings, I included only one from the experiencers I met through IANDS, which provides support and information for researchers and experiencers alike, and used personal networks and encounters to identify the other nine. Of these nine, only Alicia had, briefly, attended meetings of a local "Friends of IANDS" group. Otherwise, until this study, their process of interpreting and integrating their experiences had gone on outside of "Near-Death Studies culture."

NDE Scale and Informant's Scores

To make sure, for purposes of comparing my study group and findings with those of previous studies, that I had identified 10 core-group experiencers who would fit criteria for participating in other Near-Death Studies research projects, I used a standard NDE assessment instrument, Greyson's *NDE Scale* (Greyson, 1983, 1985, 1990), to rate the NDEs of potential core-group participants. I excluded those whose NDE scores were below the minimum overall score of seven, which Greyson suggested for research purposes. During a taped interview, I asked each potential core participant to score the NDE on the *NDE Scale*; or, if s/he had completed the scoring before the interview, to go over the process with me.

The NDE Scale is comprised of four sets of four questions, which identify *cognitive, affective, paranormal, and transcendental NDE features*. The four sets of questions and possible responses are:

Cognitive Components:

1. Did time seem to speed up or slow down?
0-no
1-time seemed to go faster or slower than usual
2-everything seemed to be happening at once; or time stopped or lost all meaning
2. Were your thoughts speeded up?
0-no
1-faster than usual
2-incredibly fast
3. Did scenes from your past come back to you?
0-no
1-I remembered many past events
2-my past flashed before me, out of my control
4. Did you suddenly seem to understand everything?
0-no
1-everything about myself or others
2-everything about the universe

Affective Components:

5. Did you have a feeling of peace or pleasantness?
0-no
1-relief or calmness
2-incredible peace or pleasantness
6. Did you have a feeling of joy?
0-no
1-happiness
2-incredible joy
7. Did you feel a sense of harmony or unity with the universe?
0-no
1-felt no longer in conflict with nature
2-felt united or one with the world
8. Did you see, or feel surrounded by, a brilliant light?
0-no
1-an unusually bright light
2-a light clearly of mystical or other-worldly origin

Paranormal Components:

9. Were your senses more vivid than usual?

0-no

1-more vivid than usual

2-incredibly more vivid

10. Did you seem to be aware of things going on elsewhere, as if by ESP?

0-no

1-yes, but facts have not been checked out

2-yes, and facts have been checked out

11. Did scenes from the future come to you?

0-no

1-scenes from personal future

2-visions of the world's future

12. Did you feel separated from your body?

0-no

1-lost awareness of body

2-clearly left the body and existed outside it

Transcendental Components:

13. Did you seem to enter some other, unearthly world?

0-no

1-some unfamiliar and strange place

2-a clearly mystical or unearthly realm

14. Did you seem to encounter a mystical being or presence, or hear an unidentifiable voice?

0-no

1-heard a voice I couldn't identify

2-encountered a definite being, or a voice clearly of mystical or unearthly origin

15. Did you see deceased or religious spirits?

0-no

1-sensed their presence

2-actually saw them

16. Did you come to a border or point of no return?

0-no

1-came to a definite conscious decision to "return" to life

2-came to a barrier that I was not permitted to cross; or "sent back" to life against my will

The sum of the 16 responses comprises the total NDE Scale score, from zero to a maximum of 32. The sum of the first four answers comprises the cognitive component score, the sum of the second set of four answers comprises the affective component score, the sum of the third set the paranormal component score, and the sum of the fourth set the transcendental component score.

According to the Scale, an NDE is labeled a cognitive one if the sum of the answers for the cognitive questions is five or higher. An affective NDE has an affective score of five or higher and scores of less than five for the cognitive and transcendental components. A paranormal NDE has a paranormal component score of five or higher, and scores of less than five for the other three sections. A transcendental NDE is indicated by a transcendental component score of five or higher and a cognitive component score of less than five. An NDE is considered unclassifiable if no component score is at least five.

For reference and comparisons, especially in relation to the NDE accounts in chapter three, and the findings in chapter five, Table 1 provides the *NDE Scale* score and category for each informant, along with some other, basic NDE-related information.

Table 1

Basic Core Participant NDE-Related Information

<i>Participant Pseudonym</i>	<i>NDE Scale Category</i>	<i>Score</i>	<i>Birth Date</i>	<i>Age at /Date of NDE</i>	<i>Circumstance</i>
Neil	cognitive	29	1949	27 1977	Shooting
Alicia	cognitive	26	1950	35 1985	Car accident
Gwen	cognitive	23	1946	38 1984	Train wreck
Nagual	cognitive	23	1946	54 1999	Acute seizures, hypertension
Jenny	transcendental	18	1943	49 1992	In I.C.U.; pancreatitis, Complications from diabetes
Kelsey	affective	17	1937	41 1988	Fall down elevator shaft
Chris	transcendental	17	1950	34 1984	Thrown from horse
John Paul	cognitive	17	1985	16 2001	Pneumonia
Eric	affective	17	1943	20s 1960s	Drowning
Camille	affective	12	1960	16 1976	Hemorrhage

Following is a summary of the criteria I used to select the 10 core informants, from study's 50 participants:

Near-death experience related

minimum age of 16 at time of NDE

minimum score of 7 on NDE Scale

minimum period of 5 years since NDE

established clinical at- or near-death condition/ probable cause

Near-death-studies knowledge/affiliation related

no/minimal previous knowledge of Near-Death Studies research

no/minimal involvement with “culture of Near-Death Studies”/IANDS

Field-work participation-related

availability and accessibility of participant, significant other(s), and

home/ social/professional contexts for extended periods of

informal observation, and for multiple, audio-taped life-history-

narrative- focused interviews

willingness and ability to engage in study, and provide full life-history

narrative, without needing more than a pseudonym to protect privacy

and confidentiality

Based on the NDE-related, core-group selection criteria summarized above, Table 2 provides some basic information about background participants. The data are useful in highlighting some of the ways these 40 individuals do and do not differ from the 10 core informants, as experiencers. The next section provides more information about them and their value to the study.

Table 2

**Summary of Basic NDE-Related Selection-Criteria
Data for Background Participants**

Number of Participants	Non-IANDS-Affiliated	IANDS-Affiliated
	20	20
Whose experience meets all clinical and other NDE-related selection criteria	10	11
Whose experience meets all clinical NDE-related selection criteria, but not minimum age selection criterion	5	3
<i>Who had clinical NDEs</i>	<i>15</i>	<i>14</i>
Whose experience meets NDE Scale-score criteria, but not clinical criteria (anecdotally recognized as high-incidence “anomalous NDE”): “spontaneous NDE” “fear-death experience”	2	4
Whose experience does not meet clinical NDE and/or Scale-score criteria (anecdotally recognized as “near-death-like experience”: “nearing-death-awareness (NDA) ” “parting-vision” or ”experience near death (END)”	3	2
<i>Who had anomalous NDEs or near-death-like experiences</i>	<i>5</i>	<i>6</i>

Background Participants – The Study’s Larger Context

Even when they are not directly heard from again, the study’s 40 secondary, “background” participants have been extremely important to the study, in that they provided a larger context for my reflections on the lives of the 10 primary participants. Like those in the core group, they were accessible during one or both periods of field work—and, in some cases, still are: I have been in contact with two of my first five primary participants and five of the background participants for more than a decade; and with a number of other participants for at least two years.

Twenty of the study’s background participants were selected from the experiencers I met through personal networks and contacts; and only one of them had made any previous contact with IANDS or its local, Friends of IANDS (FOI) chapters. For comparison with this group, I selected another group of 20 background experiencers from among the experiencers I did meet through IANDS—15 of them at national conferences or meetings, and five through other, IANDS-related resources or contacts. Of the study’s 50 participants, these were the only five with whom I did not have face-to-face contact; although I did have extensive, ongoing phone contact with three of them; and have maintained email contact with the other two.

Because of accessibility and other factors, I interacted more with some background participants than others. In most but not all cases, I have spent less time with them during the study, and know less about them, than about the core informants. I knew some of them before the study began; and since completing my

field work, I have stayed in touch with a number of background as well as core informants, and consider them friends.

Of the total of 40 background participants, who ranged in age from their 20s to their 70s, there were 11 men and 29 women; six African Americans, one Native North American, and one from Iran; with the other 32 of Eastern or Western European descent. Two were native Australians, and two were Canadian residents.

The range of their experiences reflects the actual wide range of near-death and near-death-like experiences I heard described by the experiencers whom I met through IANDS. For instance, I met a number of experiencers of “anomalous NDEs,” apparently spontaneous, not-near-death-related NDEs, through IANDS. In fact, during my research, several IANDS-related study sources mentioned an early NDE-related questionnaire whose respondents apparently reported a higher incidence of anomalous than medical NDEs (Atwater, 1999). But such experiencers, presumably, would not be selected for studies with medical-NDE-model-shaped selection criteria. At the same time, even using one of the standard NDE assessment instruments, it is often impossible, given the limitations of retrospective studies, to determine the exact circumstances of self-reported NDEs among study subjects; or whether they occurred in clinically-comparable circumstances.

At any rate, my selection criteria for core study participants would not have allowed for including experiencers of “anomalous NDEs,” or of childhood NDEs, but the background group did include them; and as mentioned it also included experiencers who could have been core participants, except for geographical,

logistical, or other factors. For instance, many experiencers were willing to talk about their lives, but not willing to discuss their NDEs. Others were not willing to serve as core participants, and only on an informal or limited basis as background participants, because they do not agree with medical-scientific explanations of their experiences, and/or feel that the “experts” are exploiting experiencers, not helping them, by engaging them as research subjects.

To illustrate the range of life, near-death, and field work circumstances I allowed for, in selecting and working with the background group, and the differing amounts and kinds of data available to me, following is some information about these 40 study participants:

The group included eight childhood or teen-age near-death experiencers. One of these was Paul, whose at-birth NDE memory and age (12 years) made him the youngest near-death experiencer, on both counts.

There were four adults with predominantly frightening NDEs (including the mother of Chris, a core informant); and four adults, all from the IANDS-related group, with apparently spontaneous NDEs, which were among the most complex and apparently profoundly-affecting experiences of the entire sample.

There were also: one suicide-attempt-related NDE which resulted in blindness, and two *dissociative* or *out-of-body* NDE-like experiences (OBEs), apparently resulting from the threat or possibility of death. The suicide attempt was by gun, one OBE occurred at gunpoint in a hostage situation, and the other followed a decision to buy a gun to commit suicide.

There were four dying patients (all of whom have died), three of whom were reporting *nearing-death awareness* (NDA) phenomena as identified by Callanan and Kelley (1992). There were also three hospice volunteer-NDE experiencers who reported experiences, similar to my own, of apparently “sharing” some of the patients’ nearing-death or dying experiences, and two of whom were also, like me, childhood or teen-age experiencers.

Another childhood experiencer felt someone—his attacker, in this case—had shared part of his experience; and such reports by NDErs and corroborated by significant others are not uncommon (e.g., Price, 1996, pp. 17-27). One bereaved Canadian mother who participated in my study described a NDE-like, *parting vision* experience (Morse, 1994), triggered by the death of her young daughter, that seemed very similar to Gwen’s “world of light” near-death experience, as included in chapter 2, but without its cognitive components or impact. I know of eight people in the secondary group who experienced multiple NDEs. All 50 study participants mentioned characteristic NDE aftereffects, as described in chapter five.

The only participants whose real names are used in this study, rather than pseudonyms, are four background sources who are too well-known in Near-Death Studies or IANDS to have been anonymous participants as life-history narrators, but who were important contacts as background participants.

They included P. M. H. Atwater, whose appearance as the first major female-experiencer-researcher had important impact on Near-Death Studies; she was among the first to focus on frightening NDEs, negative as well as positive aftereffects and

integration issues; and childhood NDEs. Some of her research findings are used for comparison in chapter five. She was generous with her knowledge and time, and a tremendously valuable resource during the study. It was also very helpful for me to participate in her study of more than 700 early childhood NDEs (Atwater, 1999a). After reading her book on this study, in conjunction with Sutherland's, I finally had all the missing data I needed, to definitively and conclusively identify my experience as an NDE, and recognize myself as a typical experiencer.

Patrick Gallagher, the only ethnographer-experiencer in my participant group, is a cultural anthropologist whose contribution to Near-Death Studies is an article, quoted at the beginning of my first chapter, now considered to be a classic in the field (Gallagher, 1982). The article, and more than a year of lengthy, long-distance, telephone and mail interactions with him added to my findings, and also helped point me toward the ethnographic perspective and model approach, described in chapter six, for "reading" informants' narratives as field notes from ethnographic journeys to and from the light.

Steve Ridenour's experience was the first NDE account I heard at a local IANDS chapter meeting, and I later saw him in televised interviews. Like mine, his process of NDE integration was delayed for decades. Now an emergency medical technician, he described trying to punch the EMT who brought him back from his journey to the light. His drowning-related NDE was followed by a 20-year period of intense conflict during which, he joked, he continued trying to drown himself—by drinking. I met another well-known background experiencer, Dannon Brinkley, only

once, but knew his very complex, multiple NDEs and life story well from seeing him interviewed many times during field work, and from reading his books. He was one of the three “hospice death journeyers” I identified among background sources (Brinkley, 1995).

Haisley Long, now deceased, was among those I met at IANDS conferences during my first phase of field work. His profound, apparently-spontaneous near-death experience and apocalyptic interpretation are described in chapter 5. His account, for me, raised the issue of what seemed to be a high incidence of spontaneous, profound, near-death-like experiences among the informants I met through IANDS. Well known as a research participant and speaker at IANDS conferences, when Haisley died during the study, he was in his late 30s. His apocalyptic vision, magnetic personality and appearance, and charismatic impact made me wonder how much impact he might have had, if his life had not been cut short. Haisley had impressed scholars of religion and physics as well with his knowledge, which owed nothing to knowledge of theology, or to formal education or cultural sophistication (Atwater, 1994, pp. 93-94). His interpretation of his experience would later provide a surprising key for helping me unlock the meaning of my own.

My first-identified research informant, though not a formal participant, was my own mother, whose death was apparently my NDE integration “trigger” (Sutherland, 1995, pp. 205-237). Because she had had a near-death experience in 1956, which was clearly identifiable as a deep or complete near-death experience in

the first published findings, hers would be the first near-death experience I ever heard.

Theoretical Framework and Research Method for Exploring Experiencers' Lives

Each time a nurse entered, I could sense immediately . . . her state of mind. . . her presence told all: how preoccupied she was with her own concerns, the degree to which she could give herself over to any patient, how deeply she lived in the moment, her nose in death and her elbows in the messiness of living. . . . I could read the names of patients . . . on the chalkboard behind the nurses' station. Every day the list changed--people either died or were discharged. My name was still there but it meant nothing. There was no longer a narrative to follow. Even the character of death had dropped out of my tale. (Ehrlich, 1994, pp. 42-44).

Each of the approaches to informants' lives and life histories discussed in this chapter has been a useful tool for seeking hermeneutic knowledge and translation of near-death experience. Some seemed to hold up better than others as I shifted from outsider to insider perspectives and back again, looking for ways to conceptualize and explain the impact of near-death knowledge on experiencers' lives. But each of the tools seemed necessary to get from "here" to "there" and back with anything new to offer in the way of making cultural sense of near-death experience.

My interpretive tools included social construction and identity alternation theory (Berger, 1963, pp. 54-65; Berger and Luckmann, 1966); critical and reformist approaches to social analysis and qualitative research, described here and/or in chapter six (e.g., by Rosaldo; 1987; Denzin and Lincoln, 2006); an ethnographic,

phenomenological approach toward understanding informants' life histories and cultural meaning systems (Watson and Watson-Franke, 1985; Caughey, 1995, 2006); and a new Near-Death Studies model of NDE integration patterns (Sutherland, 1995, pp. 205-237).

Social Construction Theory and the NDE:

Identity Alternation or Truth Made Flesh?

Both in practice and in theoretical thought, human life gains the greatest part of its richness from the capacity for ecstasy, by which I do not mean the alleged experiences of the mystic, but any experience of *stepping outside the taken-for-granted reality of everyday life*, any openness to the mystery that surrounds us on all sides (Berger, 1969, p. 75; emphasis added).

La Facultad is the capacity to see in surface phenomena the meaning of deeper realities, to see the deep structure below the surface. It is an instant 'sensing' . . . arrived at without conscious reasoning. It is an acute awareness mediated by the part of the psyche that does not speak, that communicates in images and symbols which are the faces of feelings, that is, behind which feelings reside/hide. The one possessing this sensitivity is excruciatingly alive to the world. . . . We're not supposed to remember such otherworldly events *We've been taught that the spirit is outside our bodies*, or above our heads *somewhere up in the sky with God*. *We're supposed to forget that every cell in our bodies, every bone and bird and worm has spirit in it* (Anzaldua, 1987, pp. 39, 36; emphasis added).

In my coming-back-to-life dream, I had been crucified and suspended in the ocean. . . . The cruciate form is an *arbor vitae*, a tree of life, a

human with arms outstretched in surrender. The horizontal bar is the road we travel, the linear direction of a life, and the vertical stave is the spiritual elevator that lifts and drops us from the realm of the gods to the underworld, passing through the middle where the human heart is pinned, representing *the necessity of blending sacred with secular* (Ehrlich, 1994, p. 65; emphasis added).

Social construction theory was the main theoretical framework with which I began this study. Across disciplines, social construction theory has had tremendous impact. In making more visible society's power to shape individual identities and realities, the sociological theory reconfigured how culture-studies and other scholars approached the understanding of truth, reality, and self-identity (Wuthnow, Hunter, Bergeson, and Kurzweil, 1984, p. 72).

As the foundation of deconstructive postmodernism, the powerful effects of Berger's "knowledge" of the "power of culture" to "construct reality" can be read in the textual implications of the "truth-bracketing" I am using, for illustration, in this sentence. He did not seem to me to have intended this effect, as I followed his efforts to articulate social construction and identity alternation theory (Berger and Luckmann, 1966; Berger, 1963, pp. 54-65). Moreover, later I found him looking for ways around it, to allow for a "rediscovery of the ['nonsecular'] supernatural [truth];" and "authentic ... theological possibilities" (Berger, 1970, pp. 25, 49).

If cultural truth is situated, rather than objective truth, it is clearly also ontologically inferior. Rationality, not experience, is the measure of transcendent truth, naturally: Berger emphasizes that for theological truth "we must look beyond

the realm of our 'natural' experience for validation." An essential proof of this need, for Berger, is the universally-experienced, thus "natural" fear of death. Berger describes this as an "instinctive" reaction of the physical body, and an *essential* condition of physical existence. But, rather than being proof of the self's mortality, this fear means that the real self is not the physical self. The physical self fears death because it dies. For the real, authentic self, the physical self's fear "signals . . . transcendence." It "point[s] toward a [genuine] religious interpretation of life" (Berger, 1970, pp. 61-62).

In trying to apply, or make sense of, Berger's identity alternation theory, in connection with near-death experiences, I was stuck: I could neither use his model to categorically prove/disprove these experiences and their aftereffects as socially constructed, nor to locate them within his construction of genuine religious experience.

According to his theory, in an identity alternation, society, in the form of some intersection of meaning systems or another, acts in relation to an individual's understanding of self and reality in such a way that his or her self-identity and biography are reconfigured. It is seen that, periodically in a complex society, the meaning of the life history may change for the individual, and both the past and the social world will shift in accord.

Some of these shifts are seen by Berger to have a darker or more negative cast in terms of how they occur ideologically in connection with the truth claims of particular, secular "universal meaning" systems. But not for western science, which

his model leaves unchallenged as a secular universal meaning system. At any rate, if you become susceptible, and experience an identity alternation, such a shift can be experienced as satisfying, as an exemplar, perhaps, of a "deep human need for order." But "the dawning recognition that this or any other conversion is not necessarily final," that it should not be read as essentially true or real; and "that one could be reconverted and re-reconverted," is according to Berger "one of the most terrifying ideas the mind can have." It suggests that all of these truths are [merely] "socially grounded."

Truth, apparently, real, authentic truth, is not socially constructed after all: rather, to be objective, or ontologically acceptable, truth must remain the same for all time and apply the same way everywhere. Clearly, in the apparent struggle for meaning, between society and the relational self implied by the theory, the self loses. While all of this is not meant to settle "the problem of truth," Berger acknowledges, demonstrating his view of the relative power of society and the individual, at least "it makes us a little less likely to be trapped by every missionary band we encounter on the way" (Berger, 1963, 54-65).

While "Berger can be credited with constructing a scaffolding between the . . . ["micro" and the "macro"] spheres of social life," what has seen to be missing in his work is "an elaboration of the problem of identity vis-à-vis the social structure" (Wuthnow et al, 1984, p. 71). That is, from my perspective, social construction and identity alternation theory, in focusing primarily on the power of social structure,

pays insufficient attention to the agency of individuals. Instead it mainly seems to leave the historical and potential influence of individual agents out of the discussion.

However, to understand and make best use of the Marxian “interplay of ‘structure’ and ‘agency’ as a central focus in contemporary social theory,” would seem to require attending to both sides involved in this interplay, “rather than granting primacy to one or the other” (Rosaldo, 1993, pp. 104):

Topics that thus become central include . . . consciousness, collective mobilization, and improvisation in everyday life practices. This redirection of cultural studies makes social inequalities and processes of social transformation particularly critical for study. In asking such questions, social analysis redefines its goals and its subject matter by attempting to focus on the unfolding interplay of political struggles, social inequalities, and cultural differences (Rosaldo, 1993, pp. 104-105).

There seems to be an inherent problem for Berger, for postmodernist thought, and for western thought generally, in its construction of physical existence and human nature as flawed, dangerous, and in need of social constraint. From the infinite chaos of existence (the Word Made Flesh?) out of whose dark, wild (feminine) possibilities it seems to be culture's job to lift and redeem us, to order and cleanse us into (masculine) civilization, and, finally, transcendence. As Gloria Anzaldua wrote of her near-death experiences, which she did not label as NDEs in her work:

After each of my four bouts with death, I'd catch glimpses of an other world serpent . . . [a] symbol of the instinctual in its collective, impersonal, pre-human [form]. She, the . . . dark . . . the chthonic. . .

the feminine, the serpentine movement of sexuality, of creativity, the basis of all energy and life (Anzaldua, 1987, p. 35).

Apparently there is a mandate in the contemporary world to create externally imposed order out of the messy and terrifying formlessness of "natural" life, a sense that unconstrained human nature, and nature in general needs moral control or redemption; life must evolve; individuals must improve; and—contrary evidence aside—societies must make progress (Anzaldua, pp. 17-18, 37; Berger, 1963, pp. 54-65; Rosaldo, 1989, pp. 96-105; Wuthnow et al, p. 26; Spretnak, 1991, pp. 150-151).

In trying to analyze informants' NDE integration-related life shifts as "identity-alternations," I could see that Berger's theoretical, weak/missing self would not seem able to perceive, or believe, from within its own situated, faulty consciousness, much meaning in the near-death "message." A priori, his theory locates reality and truth outside of subjective awareness except for the "traces" that may somehow penetrate our situated distortions of it (Berger, 1970, p. 63). Also, his logic universalizes and sacralizes contemporary Western culture's terror of death as proof of the possibility of spiritual transcendence (Ani, 1996, pp. 30-35). He does not consider that it might, instead, be a product of the social (scientific-materialist) construction of a reality which is limited to its physical dimensions; and the corollary cultural belief in the mortal self, whose identity and awareness are snuffed out with the death of the physical body. But, for those who have experienced traveling beyond physical death, one's shifted understanding—one's knowledge of reality and identity—

is virtually characterized by being firmly situated within one's own consciousness, and by the dramatic *loss* of the fear of death (Sutherland, 1995, p. 42). To switch to the voice of the experiencer-informant, it is my "bracketed truth claim" that chaos and organization, the "subjective" and the "objective" create each other and must both, as Ehrlich suggests, be nourished and resisted. Could any culturally useful deities, or shared truths about the nature of the self, be found in our postmodern world, that locate their meaning on only one side of any binary, dualistic, immanence-transcendence argument? As quantum physics, as well as various indigenous knowledge systems and world wisdom traditions suggest, might reality and consciousness have both localized, material (spatiotemporal) dimensions and non localized, wave-phase domains as well?

"Mark you," the narrator continues, "he does not go, he sends his narrator; he plays tricks with time because there are two journeys in every odyssey, one on worried water, the other crouched and motionless, without noise" (Ehrlich, 1994, p. 142).

Moreover, while the cognitive-linguistic process of interpreting and integrating NDEs must be carried out within the arena of cultural or consensual reality, and while the symbols that clothe the event itself must be to some extent culturally supplied, social construction theory (like medical science) leaves unanswered many questions about the elements and aftereffects of NDEs.

For instance, the theory does not seem to offer a ready explanation for what Zaleski refers to as core, cross-cultural elements of such "mystical discourse" as near-

death experience narratives (Zaleski, 1987, pp. 124-126), and what Ring and others have observed as the "basic pattern" of the near-death journey Ring, (1984a, p.49).

Likewise the theory provides no explanation for what are seen as the characteristic and socially deconstructive patterns of NDE aftereffects--most notably for the loss of the fear of death (Ring, 1992, p. 243). As Ring notes, findings suggest "no difference in . . . type of incidence of NDEs as a function of religious orientation--or lack of it," or of beliefs about life after death (Ring, 1984a, p. 46-47). Also "there is no support in the literature for the view that such demographic variables [as race, class, sex, age, marital status, religious affiliation] significantly influence the incidence" of NDEs (Ring, 1984a, p. 46).

Even understanding the field of medical-scientific Near-Death Studies itself as a growing (albeit contested), institutionalized social structure, we cannot claim it could have shaped experiences described before the early 1970s which nevertheless conform to the contemporary medical construction. For instance, as mentioned, my mother briefly died in 1956, according to the attending surgeon. I was the first of only a handful of people to whom she ever mentioned it, and I never forgot her description of a profoundly-affecting experience which, we discovered when Moody labeled and described the phenomenon 20 years later, was easily identifiable as a classic near-death experience.

It was clear that she was not describing something that had seemed to her to be a dream or vision, for instance, but rather an absolutely real experience of an absolutely real place. I also remember how her face glowed, her sense of awe and

wonder, as she struggled to describe a "heavenly" garden, a place which she said was beautiful with qualities of light and color beyond description. "I didn't want to come back," she confessed apologetically, "but I heard you kids calling me."

On the other hand, the picture of the classic or complete NDE, and its media-popularized versions, tends to obscure the important information that the majority of NDEs, and perhaps early-childhood experiences in particular, are less complex and have fewer elements. So as previously mentioned, based on Moody's early description, I could easily identify my mother's experience as an NDE; but, although I later read a handful of other NDE-related books, it would not occur to me to wonder whether my own, surgery-related experience might have been an NDE, until I began researching the Near-Death Studies literature after my mother's death in 1994, and found descriptions of experiences like mine.

Social construction theory would suggest that, besides structuring the content of the experience, having prior knowledge of NDEs would also make one more likely to report having had such an experience in the first place. Two research studies found however that prior knowledge of near-death experience correlates with reduced incidence; and a third study has found no relationship between prior knowledge and NDE incidence (Ring, 1984a, p. 46-47). In light of Berger's sacralized explanation of the fear of death, his theory offers no explanation for why the *loss* of the fear of death should be the most commonly reported aftereffect of an experience characteristically described as a deeply spiritual or sacred one.

Overall, in analyzing informants' accounts of their NDE integration processes, I found social construction theory most helpful for explaining how participants' religious and other beliefs and values can be seen both to affect and be affected by NDEs; rather than to predict or account for either the contents and aftereffects of NDEs, or their occurrence.

For example, my informant Chris told me that her mother had also had a near-death experience, but unlike Chris' own experience, her mother's was frightening. While hospitalized with a heart condition, Chris' mother, a devout Catholic, perceived that Jesus was walking toward her with his arms out in love and welcome. Feeling it was not her time to die, she screamed, "No!" as she pushed the figure away. She then became terribly upset and began sobbing, Chris said, because she felt she had sinned by pushing Jesus away. Chris said nurses and patients crowded into the room and tried to comfort her but that even an elderly minister, also a patient, was unable to comfort her with assurances that Jesus wouldn't be angry with her for knowing it wasn't her time to die.

Although we met when she unexpectedly arrived during a scheduled interview with Chris, Chris' mother did not want to discuss the experience with me, she said. It seemed she had concluded the event was a half-dream or a hallucination. "It wasn't important," she said firmly. "I never even think about it anymore." In this case, it seemed religious belief was a powerful social force in this experiencer's construction of the "meaninglessness" of an experience which had an obvious and profound effect

on her at the time; as well as on her down-playing of the significance of her daughter's near-death experience.

Life Histories and Cultural Assumptions

I dreamed that the shape of this book should be a convection cloud, a rising bubble swarming with up and down drafts of electricity, moisture, and air. Inside, the narrative would zigzag like lightning and the pages would be laid end to end to resemble a tree trunk, a channel down which fire suddenly flows. Once the book had been read, the top of the cloud would explode leaving the reader holding a burned shell (Ehrlich, 1994, p. 161).

[I]t is not just to understand the idiosyncrasies of individual experience that we are studying life histories; we may also find that life histories offer us precise documentation about how individuals, in the process of changing their lives for themselves, also alter the environment for others and thus act as significant agents of social change (Watson and Watson-Franke, 1985, p. 203).

My ethnographic mandate to hear and interpret individual life histories provided the methodological foundation for this research (Watson and Watson-Franke, 1985). In interacting with informants, I found that this approach had both "insider" and "outsider" aspects, for me. The "outsider" aspects of the approach involved the dominant, mainstream Western cultural beliefs about identity and reality which, I discovered, informants' accounts tended to violate. There was a pattern of unusual life story structures among my informants. Certainly these "structural

anomalies" provided me with some interpretive clues about the impact of near-death experiences on informants' lives.

Meanwhile, it was comical, and yet uncomfortable, as I sat listening to lengthy discourses on past (or future) life memories, Mayan millennial predictions, and sixth dimensional intelligence (or whatever else I had constructed as not being part of a life history), to notice myself thinking I was the expert on how other people should tell their life stories, and impatiently wondering how I was going to "get the interview back on track." In this way, I began to appreciate how much I had accommodated my own identity to cultural expectations and managed to bury my death-experienced self for so long.

Cultural anthropologist Renato Rosaldo learned in his field work with the Ilongot that even though our ethnography seeks to interpret culture generally--and in Rosaldo's and in this case specifically, to transmit different aspects of the knowledge of the "death-experienced self"--our interpretation of informants' behavior in a particular circumstance may not necessarily reflect any actual understanding of that behavior. Rosaldo thought he had understood the bereavement-related rage with which his young, male, Ilongot headhunter informants met grief, because he could explain it to himself and others as if he had understood it. He would come to realize that he had not understood their rage, let alone the force of their rage; nor experienced anything like what motivated them to feel it.

When his wife, Michelle Rosaldo, died suddenly during their field work however, he found in his own experience a new, truer understanding of their rage. He

realized his rational, logical research tools had allowed him to describe his informants' behavior previously *as if* he had understood it, but had not in fact provided him *the means* to understand it (Rosaldo, 1989, pp. 12-20).

Similarly, both before and since construction of the near-death experience label, medical experts and scientists have offered their "outsider," theoretical explanations of the causes and nature of such phenomena. "She [a nurse in the hospital] said I was seeing spots," is how my informant Chris describes the first professional explanation offered for her near-death experience. "Don't tell anybody about that," the nurse warned her, "Or you'll end up on the psych ward."

Person-centered Ethnographic Method

In having informants' accounts of knowledge about an experience which I wanted to bring back as an ethnographer to my cultural world, but in having difficulty finding appropriate "cognitive-linguistic containers" for it, I found invaluable an "Emic-ideographic," dialectical ethnographic interview approach, which began with asking informants how they would organize and present accounts of their lives (Watson and Watson-Franke, 1985, p. 26). Most basically, in analyzing accounts of ethnographic informants, such an "emic/etic" analytical process involves a back-and-forth process of gathering information from research participants, and generating a theoretical hypothesis for testing; then gathering more data for confirmation, or alternately for generating a new hypothesis.

Either way, one's analysis should "flow from the concepts and meanings native to" the specific individual informant (Spradley, 1978, p. 94). Accepting the phenomenological "allowance" for the reality of my informants' subjective experiences and interpretations; and accepting the hermeneutic necessity for questioning my own scholarly cultural pre-understandings (Watson and Watson-Franke, 1985, p. 13), meant bracketing my own assumptions as they surfaced in order to locate informants'. "Giving over" to informants' interpretations provided the space for my assumptions to be challenged: "By bridging back and forth between the different contexts, understanding and interpretation are made possible" (1985, p. 13).

The ethnographer needs to use a similarly introspective approach, for gathering data about his or her own "cultural knowledge through using himself as the informant" (Caughey, 1982a, p. 119), at the same time. This requires attending to one's reactions to one's research participants, particularly one's "breakdown" reactions when encountering something "that does not make sense," that "violates . . . expectations" (Caughey, 1985, p. 245). Overall, it also "require[s] a keen understanding of what aspects of the self are the most important filters through which one perceives the world and, more particularly, the topic being studied (Behar, 1996, pp. 13-14).

For the contemporary researcher in our increasingly diverse American society, such a self-reflexive, yet informant-focused interviewing and participant-observation field work process involves identifying and gathering data on one's own negotiation of multiple, often contradictory cultures and identities; as well as on the unique,

individual sets of multiple cultural traditions and attendant identity constructions being negotiated by one's research partners in narrating their life histories, and in living their day to day lives (Caughey, 2006).

In light of my research interest, I found it also "interesting to consider how different kinds of [cultural] traditions posit or reject notions of an underlying self continuity and assign the self more or less agency" (Caughey, 1995, p. 11). Like NDE experiencer-researcher Cherie Sutherland, whose NDE integration model is discussed in the next section, I found invaluable to my work feminist research approaches as well as my own "complete membership" status as a fellow near-death experiencer (Adler and Adler, 1987, pp. 67-84). I shared Sutherland's "feminist commitment to doing research for rather than on" my fellow experiencers, of understanding their status as research participants in whose understanding mine must be grounded, rather than objects whose insights (and often whose presence) are incidental to the research process (Sutherland, 1995, p. 247-248).

Also, it helped me in my conversations and relations with my informants that, during this process, I was engaged in the same process of near-death experience integration they were or had been; and that they were all more experienced at it than I was. For those whose experiences had been greeted with skepticism or worse, there was the assurance that I was not an outsider, and there was shared authority involved in their serving as experts in my process of negotiating and integrating the meaning and impact of my experience. It was clear that my interest in their experience was

personal as well as professional; and they knew that I valued their insights and confidences, and shared their insider perspective on the experience.

Having based my research on experiencers' own life history narratives reinforced my sense of the importance of studying culture at the level of the individual; and also, as my conclusion explains, in doing so in an engaged, accountable partnership with the individuals being studied. Besides challenging the Western scientific notion of the presumably objective, neutral, subject-distant researcher in relation to his subjects, my focus on the importance of the individual's story, and of the individual, reflects my awareness of the importance played by the specific individual whether as social control agent or agent of social change.

Cultural meaning systems live most basically in each member of society. Individual beliefs are the primary structures on which rest the belief systems we reflect back to ourselves as "culture;" and so our individual beliefs, and consciousness, can be seen as the basic "medium" from which, collectively, our cultural realities grow. To explore how meaning systems are negotiated at the level of the individual therefore is to examine the specifics of how they work culturally.

Particularly in the case of near-death experiences, given the material world view of Western society, I agree with Atwater, Ring, and many other researchers that, collectively, our society needs much more knowledge about the nature of consciousness and the self—perhaps about the consciousness of the self who studies the experience, as well as about, or in contrast to, the consciousness of the self who has had the experience—before we are likely to fully understand what NDEs "really

are." Given the subjective nature of NDEs, a phenomenological, "person-centered" approach is necessary for deepening our understanding of their individual and cultural significance.

In Rosaldo's analysis of the sorts of narrative-interpretation problems I encountered in listening to my informants' life stories, he finds that such conflicts in assumptions of narrative logic between ethnographer and informant point to "a clash of conceptual universes" (Rosaldo, 1989, pp. 127-143). According to our cultural logic, for instance, "time and narrative are inseparable;" to be meaningful, narrative must present events in a temporally meaningful flow. But while the "Aristotelian notion of a plot" calls for a certain kind of meaning and causality, what instead "impels the action" in near-death experiencers' accounts may be interplays of "different categories of being, different orders of time, and different epistemologies." Further the narratives may "lack climaxes, turning points, or a stable narrative point of view" (Rosaldo, 1989, p. 142).

As cultural anthropologist and near-death experiencer Patrick Gallagher asserted of the "culture-shock" and "counter-shock" associated with an NDE, the experience may overturn the most basic Western reality-assumptions: "Such 'counter-shock' insight on my return includes the dimensions of our reality--time, space, and logic--which my NDE has profitably altered" (Gallagher, 1982, pp. 146-147).

"Hence," we can see the both the "gains and complexities in holding the social analyst's narratives in creative tension with those of the protagonists. Rather than

being merely ornamental, a dab of local color, protagonists' narratives about their own conduct merit serious attention as forms of social analysis" (Rosaldo, 1989, pp. 142-143).

Rosaldo initially thought he understood his informants because, while he found their behavior peculiar, he was able to describe it plausibly using the available palette of cultural knowledge-colors understood at home. He later realized that understanding informants' behavior may also require another sort of knowledge--one with the power to add particular shades or tones to the colors of his cultural knowledge palette, and even to affect or "shade" knowledge-colors cross-culturally.

Because the polished, published versions of near-death experiences make this so difficult to appreciate, it was extremely important for me to hear first-hand how many informants struggled to understand and/or express their experiences through the reality-filters of their own multiple and contradictory meaning systems (Caughey, 2006). Both my ethnographer self and my experiencer self were reassured that I wasn't the only one whose ability to move a life history narrative in a single, logically plausible direction seemed to have been affected by near-death knowledge.

The NDE Integration Trajectory Patterns (IT) Model

Australian sociologist Cherie Sutherland's important study presents a model, derived from informant interview data, to map and analyze NDE integration--the process by which NDEs are "woven into the fabric of . . . [survivors'] lives" (Sutherland, 1995, pp. 205-237).

Does it happen smoothly or . . . in fits and starts? Are there any commonalities . . . or do individuals follow their own unique paths to integration, or non-integration, of this major event? Do near-death experiencers actually cast off their old identities and assume new ones or do they simply trim around the edges, take a tuck in here, let a seam out there?

According to Sutherland, the measure of the process of integrating the experience is the extent to which the integration trajectory and the biography of the experiencer have become "congruent":

That is, there comes a time when the experiencers recognize (often in retrospect) that their NDE is now a part of their lives, congruent not only with their attitudes but also their actions [It] can be facilitated or hindered by a wide variety of social interactions, [is] an ongoing dynamic process constantly being negotiated and managed by the individual within a particular social, intellectual, historical context. . . [and it] can encompass many transitions along its path (Sutherland, 1995, pp. 206-7).

Certain "events or interactions" (1995, p. 206) are seen as critical in affecting the "duration and shape" of individual integration trajectories (p. 207). These include: interactions and events during the NDE itself; a subsequent "shift in awareness of context"--that is, a breakdown in "thinking as usual," in the "'of-course' assumptions relevant to any social group;" a sense of having left one's former social identity but of having no new identity status; and a felt need to "catch . . . [the] meaning" of the NDE, a process whose further unfoldment requires "NDE

disclosure" (pp. 207-209). Once one has begun to recognize this self-identity context-shift, "however inchoately, the process of context adaptation begins." Survivors use various strategies in this effort, from "silence [in a] context hostile to NDEs" to "creating for themselves new social networks" (pp. 210, 211). Sutherland has identified four different patterns of integration trajectories, some with subcategories (pp. 219-237). Arranged in the order of time the integration (or non-integration) process takes, these are:

1. The accelerated trajectory. In this pattern, rapid integration of the NDE is seen either to have been prepared for by previous "life experiences" (accelerated-confirmatory trajectory); or else to be simply "recognized as an event of primary importance" in the absence of "preparation for such an episode in the life experience" of the survivor (standard-accelerated trajectory) (pp. 222-225).

2. The steady trajectory. This is a less rapid integration pattern that may take many years, owing to a "lack of preparation for such an episode and no basis from which to judge it" (p. 225). At some point, a "sudden achievement of social support and validation" or a "biographical" trigger, "such as the death of a child," may transform a steady trajectory into a steady-accelerated one (p. 229).

3. The arrested trajectory is one in which the integration process is either "stopped in its tracks by contextual conditions," or is transformed, sometimes many years after the NDE, into either an arrested-accelerated or arrested-steady trajectory pattern. While the arrested trajectory may be in a latent stage for many years, there is seen to be "potential for it to pass into a more active phase" because of "the

experiencers' early acceptance of the significance of their experience and their willingness to embark on the necessary trajectory work" (pp. 230-235)

The value of Sutherland's model was immediately suggested to me, as an experiencer, in that it unexpectedly provided an explanation for my inexplicably having encountered the "force" of a near-death experience half a lifetime later: long-delayed, or "arrested" trajectory patterns "are frequently found among childhood experiencers;" further, the sudden activation of such a delayed integration process is often "triggered," as seemed to be the case for me, by the death of a loved one, such as a parent or child (pp. 232-235).

Also, as demonstrated in subsequent chapters, the IT patterns model made sense, in relation to the life history narratives of the 10 core informants, and my own observations and interpretations of them. It was not difficult in most cases to see which IT pattern(s) best matched participants' life history narratives, as discussed in chapter five (and, for reference and comparisons, as shown in the NDE integration related, core participant data summarized in Table 2, in that chapter).

In examining individuals' negotiations of multiple cultural identities or affiliations in NDE integration, I saw that cultural traditions served as distinctly influential, structural elements of NDE integration patterns, just as they do in individuals' negotiation of the meanings of other important events in their lives:

What does the fact that we operate with multiple meaning systems have to do with our conceptualization and experience of our own sense of identity, our own sense of self? Just who am I anyway? The answers lie in the person's relationships to the cultural traditions that

person thinks with. . . [A]ny given cultural tradition or explanatory system is likely to have a more or less explicit and comprehensive set of beliefs and assumptions about the self. This is the basis of the anthropological concept of 'ethno-psychology,' the notion that each major culture has its own psychology, its own sense of the self (Caughey, 1995, pp. 9-10).

Chapter 3: Seeing and Being the Light: Near-Death Experiences of Selected Study Participants

While the findings examined in chapter five were based on close analysis of, and drew equally from the life-history interviews and field work with all ten of the study's main participants, mainly to accommodate time constraints, only seven of the ten are represented by the NDE accounts in this chapter, and the corresponding life history narratives in chapter four. Given this time constraint, I also selected the narratives to try to suggest, or at least not-too-misleadingly misrepresent the range of NDE and aftereffects features, and NDE integration issues—both common elements and uniquely distinctive variants—which I heard from my 50 formally identified study participants as a group, and/or from my larger “context group”—that is, the hundreds of other NDErs who were informal sources or background contacts during my research.

My selections were influenced by some clinical questions and other issues which made some informants' accounts and lives seem more useful and significant, to me, to highlight in connection with findings discussed in chapter five, as will be noted, than as narratives for cultural analysis in this and the next chapter.

In extracting and developing these NDE accounts and life history narratives from informants' much lengthier interview accounts, I have tried to keep intact the narrative shape and flow of the account, and to use the words

and suggest the “voice” of each informant, and also, for context, sketch in something of our setting, and the flavor of our interactions during the interview process. To provide the most complete yet concise versions of the narratives in both chapters, I have quilted them together from the stories and life history information which informants provided me over the course of several interviews.

It is interesting to compare these accounts to informants' narratives of the rest of their lives, in chapter four; and also to compare all of their NDE Scale scores and NDE Integration Trajectory Patterns, in chapter five. For example, In Gwen's case, the narrative "media" seem to shift, between her near-death and life-history narratives. Instead of unfolding in time and space as her life history, including the train wreck, so tidily does, in her encounter with the light, nothing much actually happens. Instead a new narrative unfolds, not in time but in what might be seen as a medium of psychological or cognitive intensity.

By contrast, while Neil's complex, detailed account of his after-death experience covers many pages of field notes and interview-tape transcription, his initial account of his life history was only two sentences long.

Unlike Alicia, Chris was not able to identify her NDE *as* an NDE for years. Unlike the clarity of Alicia's family reunion in the light, the interpretive struggle that characterizes Chris' account of meeting her grandparents in heaven seems to echo the rest of her maze-like narrative.

For Jenny, the journey to the light, which her spiritual mentor interrupts, is initially troubling, in that it interrupts her own life-long "journey of faith." But Kelsey's apparently miraculous near-death dance of praise, as she re-enacted it for me during our interviews, was exultant.

Unlike Kelsey and Chris, Eric is like Neil in being certain that he was not near-death, but actually dead, during his second NDE. Yet his NDE and life history narratives make Eric an "exception to the rule" as an NDEr, and as one of this study's 10 core participants, as will be explained..

In the course of my two phases of active field work, and the years of doctoral study and course work between them, I have had the opportunity to hear hundreds of near-death experience accounts. In a handful of cases, I was the first person, or among the first people, to hear an account of a recent near-death experience.

These cases allowed me to make two observations: First, I noticed how these informants' posture and demeanor, tone of voice, facial expression, etc., changed when they began to describe their near-death experiences. For instance, seven of ten core informants, at some point in this part of the account, dropped his or her voice to a near-whisper. Also, there were unusually lengthy pauses in six of the ten core-participant NDE accounts.

Second, I noticed there seemed to be a sort of "new experiencer narrative profile": Recent experiencers, or people just beginning to integrate near-death experiences, seemed to behave in similar ways when they were telling their stories. I couldn't help but notice how similar their behavior was to my own when I first spoke

at an experiencers' meeting. Their accounts seemed to share a sort of shell-shocked quality; narratives often contained long silences and/or excited rushes of words; tears were common, even when the account was being told to a large number of listeners. Both Atwater and Sutherland have described disclosure issues related to the process of NDE integration (Atwater, 1994, pp. 131-132; Sutherland, 1994, pp. 71-77).

One other surprising observation I made, simply by allowing NDErs to tell their own stories, is how many core commonalities, and yet, paradoxically, how many unique, individual differences I would find in the descriptions and interpretations of their NDEs. I hope the accounts here and in the next chapter will provide some indication of these common elements and distinctive variations

Gwen: World of Shadows, World of Light

I was [asleep] in the second to the last car in the train, sitting in the last seat on the left. And then I started dreaming that the train was wrecking. And then the train bounced. And then it all began. What had happened was a rail had come loose and went up right through the middle of the floor of the fourth car back. So it stopped. And so then the other train cars piled up, and it literally formed that zig-zag thing that you see when you see a picture of a train wreck.

The train was going about 79 miles an hour, and I wasn't screwed to the seat. So when it stopped, I kept moving. And I flew--and it was pitch black--and I flew--and it's recorded in slices, like a CAT scan--so I felt weightless, I was literally flying.

The right side of my face and all the way down across my collarbone impacted with something, at 79 miles an hour. Which hurt a lot. And I screamed. But the train was making so much noise that I couldn't hear myself scream.

So then, the train started to go over--I'm assuming it rolled down the embankment; anyway, I got tumbled like a rock in a rock tumbler--I don't remember exactly what happened. But then, all of a sudden it all stopped. Just--stopped.

Then it really was quiet. And that's when it was really the hardest. And I couldn't move my right foot. I reached to my right foot, and there was a strap across it. So I unhooked my foot from the strap, and I fell. Apparently, I'd been hanging by it. I fell and bashed the back of my head. I landed on the side of the train, maybe where the windows were or something, I have no idea where it was.

And there had been a little boy and his mother sitting on the seat across the aisle from me before the wreck. I could hear him crying, and I could hear her calling him. And I somehow got them together. I said, "He's over here," and I said "Just follow my voice," and I told him to give me his hand, and I hooked them up, but I couldn't stand up.

The train's on its side. It's pitch black. When it went down, it scooped up all this loose dirt, so the air was hideous, it was putrid, you couldn't breathe. And I couldn't move. My body hurt, and my face hurt, and I could taste blood. And I told her, "I think I might be going into shock. Please try to find someone to come in here and get me." And so I sat there, and I started talking to myself, to keep myself from going into shock, because I started getting really cold.

These guys come by with flashlights, I don't know how much time passed, and they dragged me to the end of the train. And there was a man on the other side, standing on the ground. And he said, "Put your arms around my neck." So I did. And he pulled me out of the train. And, I must have been clinging to him like crazy, and he said, "Can you stand up?" And as soon as I put all the weight on my feet [she makes a sound like an explosion] POW! Everything lit up.

My back was broken. So, as soon as I put the weight on my feet, the pain shot from that point in my back, like, if I were to describe it visually, it would be like a rod that was white hot just shoved up my spine. And the minute it hit the back of my head, I was gone. . . . I was out of there.

All of a sudden--I mean, it was pitch black; it's the country in Sand Point, Idaho, at 2:15 a.m., and so it's dark as a pocket--but all of a sudden--I could see. It was like somebody lit a flare. Only there were no shadows anywhere. Like that shadow (pointing)? There was no shadow. Everything was light. But it wasn't light coming down, it was--just light. Everything had its own light. It isn't shining down, the light comes from it--most people can't see it because we have the human body as a filter. And this was light, it was of the light, it was made of the light, it gave off its light, its energy was the light. Our life force is the light.

And there was, like, a field, and a forest. And in the forest, there was a big opening, with a path going down it, with white light on it, and it was bathed in white stones. [Gwen is sketching the scene for me] And there's the forest line, and trees where the field stopped. And they weren't dark, but they weren't bright, brilliant

light, like this [the path]. But it still had its own light. Because you could see each tree.

In between, right there, was a path, or a doorway in the trees, and the path was lined--and I'm still thinking with my human brain--with those white shiny stones that people get in their garden? And it was bright, sparkly, shiny, white reflective, beautiful, come-to-me-like-little-kids-attracted-to-shiny-stuff. And--there was an opening, and it was all lit, and there was bright light from above, bright light from below--it was bathed in light. And I knew if I crossed that field, I could go right to that path; and down that path to the other side of the forest was the white light like was on that path.

And the minute I saw it, and knew I could go, I instantly decided to go, and it wasn't even a decision, I just was pulled there. I am headed toward that path, I am feeling free--And I feel no pain [she had previously been in intense pain]. I feel no suffering, I feel no confusion, I feel no remorse. I feel no grief, I feel no sadness. I understand exactly why everything is the way it is. I feel clarity. I feel the knowing, and I know everything. I just know.

It was--my lifetime had only been just a pssshht---a second. Just a second. So I got to see where we go, and how really--we place so much importance on time and things here in the physical body, but in reality, in the real reality, it's almost insignificant. This whole life that I spent, these 48 years, have just in actuality been only a second. And if I went down that path, then I would be in, I would not only understand, I would be a part of it.

And I was gonna stay there. I was headed toward that path, and that woods. And as I started to go, and I got to the field, in my head, or around me, was a voice that said, "Well. . . what about your children?"

And the minute I thought, "Oh, yes," I was back. [Otherwise] I mean, it . . . [would have been] like, thank you, I'm out of here!

The thing is--I lived in this body for 40-some years, and I learned in those 40 years to think in relation to it. Will that hurt it, is it going to be cold, is it going to be horny, how can I give my body what it needs? So my thinking got short circuited. And in that second, I had instant knowing, but there was still, somewhere this whisper in the back of my head, "What about this body thing?" I knew, as I looked at the path, I still was aware of body thoughts. But not much, I mean it was just an old program that hadn't quite disappeared yet.

And I knew if I went across that field and into that path, I would leave behind the train and the body thoughts and the food and--it was like this was the graduation. And I would graduate from body to soul. I would go from shadows to light. I would go from having to be concerned about will I stick my finger? will I fall down? Do I have to go to the bathroom? to, I don't have to worry about my body anymore; I'm out of it. It would be . . . leaving behind the body thought process, and just going into the spirit thought process, and becoming a part of that light.

You know, like when your kids are playing with toys, and they put them down and move on? It was like that. The light was where I was supposed to be. That was

real, this was the dream. This was to be disposed of, this was to be set aside and then reviewed later, you know, to get what you learned and all that stuff.

And it seemed like when the voice came that said, *What about your kids?* it was, like, they're still back there in the body stuff. Because you now know the light stuff, you have to go back there and help them with their body stuff. Help them deal with the confinement and the confusion and the density and the darkness and the short-sightedness that accompanies being in a body. And how to take care of it because you live in it, and it's vastly important, because that's where your spirit is.

And [then] I was being carried, and I was being held like this--like a baby, one of his hands behind my head, one hand under my back or my butt. And the man who was carrying me was saying, "Oh, please, oh, God, oh, Jesus, let this woman live. Oh, please, oh, God, oh, Jesus, let this woman live. Oh, please, oh, God, oh, Jesus, let this woman live." Over and over, "Oh, please, oh, God, oh, Jesus . . ."

And I must have said something really charming like . . . "Ooooooh [groaning]" because all of a sudden it hurt again.

And he goes, "Oh, you're back!"--those were his words. I said, "Yeah." And he took me over and laid me on the ground next to these children.

Somebody had gathered all the children together. They were all sitting in a circle, and I'm laying there--somebody put a sheet over me--and these kids were terrified. So I said, "God, it's a beautiful night, isn't it? It's a good night for camping." So we sang camp songs, til they came and put me on the board.

[The next day, in the hospital] I was laying in my room, with a broken back and my face caved in, and a guy walks in the door, to visit the woman in the bed next to me, and he looks at me, and says, "Oh, how's your back?" And I recognized his voice. It was the guy that pulled me out of the train and carried me.

And--he only had one arm! But [when he was carrying me from the train] I felt both his hands. And I recognized him [from a vision she had during a serious illness previously; see Gwen's life history narrative in Chapter 7]. I found out later his name [she takes my pen and notebook and writes]--Theron Wing. There on wing.

Chris: A Bar in Heaven?

[Chris' experience, of finding herself with her dead grandparents, happened after she had been taken to the hospital, in shock and with compressed cervical disks and a concussion, after being thrown from a horse.]

I actually did see my grandparents! [She laughs] They were dead, and I saw them, and they said-- [Did they seem to be in the hospital?] No, no. They were not in the hospital room [laughing]. They were in heaven, that's where they were!

[Is this how, as far as you know, the experience started?]

This is what I think, this was what I think was that [an NDE].

They said, "What are you doing here?"

[And what did it look like, where you were?]

It looked like a bar [sounds surprised]. It just seemed perfectly normal. [Can you describe the bar, or how they looked--] Actually, it wasn't like they were dressed

up to go to a bar. They were sitting at the bar. [They both drank in life, she had said.]

I don't remember walking in. It looked pubby [laughs], with lights and colors, but not [pubby]. It was a pretty bar, with a lot of lights, not a bright light though, it was like this bar light! [laughs]

[Like a bar on earth?]

Yeah, like an earth bar--yeah, exactly, like a bar on earth.

[What did you think was going on?]

I knew--well, I knew that they were dead and that I was with them. It looked like heaven. It was just warm and pleasant and calm and it felt good to see them. My grandmother was the only one that talked. My grandfather--he just looked at me, like, oh, it's so nice to see you. And he didn't say anything. He just kind of smiled ... like it's great to see you.

And she says, like angry, "What are you doing here?" You know, "What are you--" [Is that typical of her?] Well, no. She just thought I shouldn't be there yet. She said, you know, "You have to get back and take care of your kids. What are you doing here?"

He didn't care if I went back or not; he was just glad to see me--but my grandfather would never have been in a bar [again, sounds surprised]--but anyway--. But it might have been my grandmother's heaven, whatever! And uh--. [We both laugh.]

[And then what happened?]

[A long pause, more than seven seconds . . .]

I was--I don't know. I mean, I just knew that I had talked with them, and been with them for a minute.

But you know, people that are dying have that, too. ... And my grandmother died from cancer and it took her a year to die in my mother's house, and she saw dead people. So I don't think I ever doubted that--so I wasn't really surprised to see her. And I wasn't frightened.

[Several months later, after seeing an artist's painting of the light associated with a near-death experience, Chris amended her narrative. She told me she hadn't known how else to say "where" her experience had happened; but, because of the golden-amber lights, which she could only remember ever having seen in pubs, she had decided the locale for the experience must have been a "bar in heaven." As mentioned in chapter six, Chris told me she thought I should have probed more when she was trying to explain and describe the "pubby" golden light initially.]

Neil: "I Was Dead, and I Chose to Come Back to This World"

The guy [the stranger who shot him, as he and his date were leaving a theater in New York City] was running away, and I'm noticing there's a body laying there, in my clothing. Looking at the body laying there, I think, boy . . . I'm really, seriously standing here looking at my body. After congratulating myself on this great astral projection, I notice, gee, I never knew dust collected on the ceiling, and I knew because it was tickling my nose.

Now there was no tunnel for me As soon as the light was there [it] formed into who I would call St. Peter, just for lack of a better name. The research I've done on this, it turns out that your belief system dictates very much who meets you there. And even if you are totally agnostic, an angel does show up. And if you say, well, angel, I don't believe in you, then the angel can't do anything for you. And then you're left to wander. . . . If you don't go into the light, and you wander, you attach to a house or a human being, and you bleed the energy off of this person.

Whoever this being is, he has the fairest blue eyes you've ever seen. He was very full-faced, very male, high round forehead, wearing a white robe--and he's looking through my report. [I laugh.] So I begin the shimmy dance, oh gee, my mom will die over this, her only son, her only child, has been shot down in Manhattan. You know, this is an unfair burden all the way around. Besides I have enormous talent that I haven't been able to use, and I'm going on and on and on.

[Were you aware of anything else besides this light being?]

It was in a room that was characterized by white marble sort of feeling to it, and there was something resembling a table. He was beside the table, and we were a little closer than you and I [no more than five or six feet apart]. So he's looking through this-- I was still me, still hands, still standing, still aware of--

[Did you notice if it seemed like your physical body?]

It never came up, but it's like if I wanted to sit down and play cards, I could have dealt the cards. ... I was still a body standing in front of another body according to all the indicators.

So Peter says to me, "How would you like to see the 50 lifetimes you danced with that soul that just shot you down?" So the first lifetime that he showed me had been in the time of caves, clans. And he had been a bully, and he had taken some morsel of food away from me, turned his back, and walked away laughing and eating the food. And I remember the rock--I picked up a rock and I beaned him square on the back of the head, knocked him straight forward, and he was dead by the time he hit the ground. Doiiiing! So then he reincarnated and killed me, and I reincarnated and killed him, me, him, me, him, me, him. The last four in a row, I'm not killing him.

So I go, "Peter, you'd better explain this--what am I, four ahead? What, I get to knock him off four times gratis? Tell me what's going on here."

So Peter said, "Oh, it's very simple. You learned the lesson well enough not even to consider re-entering a vendetta. But you did not learn the lesson well enough to love that soul for his work on your behalf."

I go, "Oh, well, Peter, in that I am allowed to see the probably projection of the rest of my lifetime, I love this soul for what he did. Because he provided the shaman's death for me, which is the other word for near death experience--shaman's death. This was an enormous favor done to me. And I love that soul."

So Peter said, "Good. You've learned the lesson. You are no longer required to go back."

So I say, "Well, Peter, you know, I really think I'm gonna go back for the rest of the play. I wouldn't want to miss it, actually."

He goes, "Fine, this was your decision and you've made it. Now, before you go, I want you to see a little bit of what's going on around here."

So the next thing I know, I'm not anything like a body, I would say I was much more like an atmosphere around the world. And I could hear five billion conversations simultaneously. And any conversation that had my name in it, I could just [he snaps his fingers] go there, like that. However, this was uncomfortable to me, and it was realized that it was uncomfortable.

So the next thing I knew, I was looking down at a tree, from the top, floating above the tree. And in the tree there was a bird, and the bird was sunning itself. And I was going, gee, a bird--that's an extremely sophisticated solar energy collection device. The feather, the flutes going into it, the little hair-like things, collect energy, and the energy travels down the hollow tube into the bird's system. No wonder they ... go to sleep when the sun goes down, they are solar energy machines; I get this.

Now this bird is actually experiencing joy from being fed this way. I'm feeling the bird enjoying the experience of sunning. Okay, and the next thought that occurs to me is that I am the joy. And then the word joy was replaced with the word love. And I realized that the tree itself was made of love, the bird was made of love, if you crack a rock in half that--and in fact the entire building of the universe is out of love, period. This is just different forms that love takes.

So, boom, and it's here [back to the marble room, with "St. Peter"]. And he's walking me to the door. And he says, "Kid--you know, we're gonna give you some marbles you never had before." Boom. So I have a bunch of vague memories of

the emergency ward. And I wake up and I'm bandaged from here to here [head and torso]. And I'm in the ICU [and can hear the] machines start, and a nurse comes to see about me.

The moment that I focus on her eyes, poof [snaps fingers], she's in a Civil War nurse's uniform, and she's covered in blood. and then I'm looking at her from the ceiling. And I go, oh, my God, this woman was there when I died in the Civil War.

Jenny: A Priest Blocks the Light

I had this near death experience [in hospital intensive care unit, suffering from acute pancreatitis, heart problems, and other diabetic complications], and who comes to give me the last rites but Father Jude [the Catholic priest, and her friend, who had been teaching her adult catechism class, in preparation for her intended baptism as a convert to Catholicism]. So I was in the black tunnel. And I felt like I was suspended. And I could hear something. I could see nothing, but I felt a presence of someone there

And right here, about four inches above my chest, there was this oval light. A light that we don't know here on earth. It was hovering and waiting, and whoooooo oooo oooo oooo oooo [she makes a high- pitched sound, like a vibration].

[Was it vibrating?]

Yeah. And then it went---whoooooosh! Then I was traveling through the tunnel. The light went ahead of me. And the sounds that I heard--You know when you're going on a roller coaster, Suzanne, and you're going up, and you hear that

clanging--clang, clang--the metal--clang, clang, clang, clang. I kept hearing that, as I was going through this black tunnel. And way, way, way, far away [whispers] I could see the light approaching . . . and as it got closer, it got bigger and bigger.

And to the right, there was this woman, she was standing like this, with her hands folded, in an aqua dress, a plump little face, with carrot-red hair. I don't know who she was. And she had this smile on her face. She wasn't verbally communicating, but she was communicating with me through her eyes. [Whispering] Saying, come, come and see.

But she had a look: then, I felt like I was just going to get a peek, but I couldn't go all the way. Anyway, I'm traveling and traveling, and that hole's getting bigger and bigger, and the light [the small light] over my body was just gone and that warmth and the love was pouring through that light [from the end of the tunnel] . . . and in steps my priest. And blocks me. From going all the way through the gate.

So I come out of this NDE--I was in the hospital for five months [because] I developed a lot of complications, and I was just slowly going down, downhill. I just wasn't supposed to survive. I developed cysts in the pancreas and everything. [in addition to problems with her heart, and with diabetes].

And I had this anger toward the doctors, the nurses, and this priest. And I didn't know why, but yet, when the morphine wasn't working, and I was in such excruciating pain, I would run to the corner of that hospital room--By this time I was on the ninth floor, the terminal floor--and I

would hover in that corner, and close my eyes and I would recapture the travel, from the tunnel to the light to the woman. Because that was the only time I was pain-free, was when I was having my near-death experience. And when the pain was so severe and the morphine wasn't working, I would visualize that again, hoping I would be pain-free.

Kelsey: Falling into the Dark, Dancing in the Light

I went down an elevator shaft. I fell about a story. I was looking for the [doorway to the] backstage [area]--it happened at Howard University. And this door was open, and I heard everybody moving around. It didn't have any signs.

So I walked in and I went down. That's how quick it happened. And then I got up. I was broke all to pieces, but at the time I got up, I wasn't broke all to pieces, I was fine. I don't remember falling, I just remember getting up. I got up--

[Did you really get up, or--]

I really got up. And this light was shining on me, from nowhere. And this light was there already. When I opened my eyes, the light was already there, it was no question it was there already. It was there before I got there!

It was like I knew everything was going to be okay. It was like an all-right feeling, you're not going to die--I knew they weren't coming to take me. I didn't feel like I was going to die. I didn't feel like I was being taken away. I just felt like it [the light] was there to guide me, and to make me--I wasn't afraid, it was like a very comfortable, warm, unafraid feeling.

And I could see, as I was laying--this was before I got up--my arm was stretched out like this [she had fallen onto her right side], and I could see everything on the floor, which was bottles, old programs, broken glass.

Then I got up, and I started thanking God, right? I started praising God, and thanking him and everything. Because I had my arms lifted up like this, I said, Thank you, thank you, thank you. I don't think God was ready for me. I know he wasn't ready for me, it wasn't my time. Because the light was . . . isolated, like. I couldn't go out of the light . . . --I'd step over here, and the light was a like a spotlight, it just followed me around, and I walked all around [she acts this out, as she speaks] with my hands up, thanking--thank you lord, thank you, thank you Jesus [looking up, and holding her arms up over her head] --High! Thank you lord, thank you, thank you.

And I was walking around, and this light was just following me everywhere....And it was just so Well, they say I was hysterical, they say I was a little delirious, they say I was in shock--. They told me, you may have been unconscious for awhile, and you didn't dada dada doo.

[How long did the light stay?]

I have no idea. Because when help came, it disappeared. This little girl said, "Is anybody down there?" And the light went [snaps her fingers], Bye-bye, you're okay now. Somebody's coming to help you, we have to go away. And that's just how it happened, and I don't tell everybody this, because everybody will treat me like I'm a little wacky. But this is how it really happened. I wasn't dreaming. I certainly got up

off that ground, and [after the little girl called down] I certainly bent back down to get my shoe. Because when I did that, I couldn't get back up.

I couldn't see my hand in front of my face. That's how black it was in that hole. And I walked around, and [then] as soon as the little girl asked for help, that's when I realized my whole shoulder had been severed from my arm. My arm was severed from my shoulder.

[And before that you were holding your arms up?]

Both of them. Just like this. [Shows me again, both arms above her head.]

And it was pitch-black in this hole. And this light was shining down on me. It was a white light. I'm not talking about a yellow, dim light, I'm talking about a light from--I'm talking about a crystal white. [Was it different from light we see here?] Oh, yeah. I've never seen anything like it. Ever. It was white. It was completely white. And it was coming out of nowhere. No matter how much I looked into it--it wasn't like a light bulb or a sun, or anything that would blind you--but bright. So bright I could see what was on the floor! And I know what was on the floor! The glass that was broken down there, the invitations, and all these little things down on the floor--I could tell you just what was on that floor.

It was so dark down there that they had to get floodlights to find me. I couldn't see my hand in front of me. How could the light possibly be there, and then when you're looking up [very long pause]--.

There was no light in that hole. That hole was 13 feet down in a deep, dark nothing. A void.

And when I looked up at this light, like this--like if I were to look towards the sun, where it might be coming from--I looked up, cause I was praising God and walking around, and looking up at this light. And this light's just following me, as I walked. . . .

But when you looked up into it, there was no sun, there was no light bulb, there was no somebody shining a flashlight into your face. There was no source of this light. There was no source, to man, where this light was coming from. It was a celestial light.

[The quality was different?]

Yeah. There were no dust particles in it. It was just a clear, white light, that had no real--what we would say in this earthly state, that we could say--where was the source of this light? Where did it come from? It was a presence. It was nothing, nothing that would frighten me, nothing popping up, no hallucinations, nothing like that. Just something I could deal with psychologically, that I could accept, that I felt comfortable with. Just almost as though someone was saying, everything is going to be all right. You're going to be fine. Nothing is really wrong with you.

And that's when I began to question my well-being, when I said to myself, I've got to be hurt. Look where I came from. How am I doing this? And then when the little girl said, "Is anybody down there?"--[snaps fingers] the light went away.

[You said the light was like a presence?]

I can't understand how a light could follow you around unless somebody's holding it, like a flashlight, or one of those

spotlights. Or just the presence of a light that, that, that--that was alive. It had to have been alive. It was real. God. I don't know. It was like it had to have been a spiritual light, a presence, but it was not in the form of anything we know, other than a light A ray. It was a ray of light that made you feel [pauses] safe . . . secure . . . comfortable, not scared. I was joyful. Because I was alive. And that, in itself, was a great joy. Because I knew I had fallen, when I'd gotten up.

I bent down to look for my shoe [after the girl called down the shaft, and the light had disappeared]--one shoe had fallen off my foot--that's when I couldn't get back up. This whole part [the right side] of my body--the pain came.

[In the light, there was] no pain, nothing. I had fallen, and I had gotten up and nothing had happened to me! [Sounds amazed.] I was fine! I brushed myself off, and I was holding up my hands, praising God, okay?

I've been [out of my body] before. This time, God didn't allow me to come out of the body. Because he didn't want me. Had I come out of the body, I think I would have been really dead. I think I would have just risen on--God's light . . . [because she was] in shock and really hurt. Then "Is anybody there?" And the light went away. That quick.

My arm swelled up like balloon, all of a sudden my button popped off my arm. . . . I just blew up, this whole arm went, shooooooooowuh [like a balloon filling rapidly] because it was broken, and it was dislocated, I was just messed up. The skin--I had a lot of abrasions, cuts. My ankles, all of this side, were swollen up, I was just

in a real bad way. I was in excruciating pain. And I mean, it was pain like I never felt in my life, I mean, not even in labor.

[There was no pain while the light was there?]

None!

Alicia: Finding a Real Home and Family in the Light

[It was evening, starting to get “dusky,” when the apparently drunk driver of a Thunderbird, without warning, turned left directly in front of Alicia’s Corolla. She remembers starting to move her foot to the brake before the impact.]

“KA-BOOM . . . it was basically a head-on collision.”]

So all of a sudden I’m looking down at the top of my car, and I’m like, *Holy shit, I’m out of my body*—I always wanted to do this! [Laughing.] Because I had read Robert Monroe stuff about out of body experiences, and I had read Moody’s stuff about life after life, and all of that stuff. I mean, as soon as it happened, I knew exactly what was going on, it was, like, *My God, yes!*

One of the weirdest things was—I was probably fifty feet up, maybe forty, I don’t know how high, but I was a good ways up—and this is hilarious because, of course, it comes back in the story later—I see the guy [the other driver] get out of the car, walk over to my car, reach in, and turn my headlights off. Who would ever think of that? Well, obviously, this guy, he’d probably been in a bunch of other accidents before, and knew what you do [laughing].

Time got really funny, because when he was getting out of the car and walking, and I was watching him, it just it seemed like it took about half an hour.

Maybe it was just so that I could be sure I really saw what was really going on. I mean, I couldn't see through the top of my car, to see where I was, but I assume I was unconscious, and slumped over, because I didn't have my seat belt on. And [as she would learn later] my head hit the steering wheel, and then bounced off into the windshield. And then I felt this moment of just being appalled [but then decided], oh, I don't want to pay anymore attention to him. He's not worth it, you know? He's not worth my attention at this point—I got other fish to fry here. [We are laughing.]

Then it felt like a magnet was pulling me up, up to the right . . . and the next thing I know, I went through sort of like a tunnel—it was not very long. My sense of it was that I was going through this sort of dense energy around the earth. The walls of the tunnel are really dark, and you're walking, and—[actually] I wasn't *walking* [I was passing through] this density, and negative stuff, layers of negativity.

So I was not in there very long at all. I just, like, whipped through there, and I didn't have any kind of life review. [Alicia's look and tone show she knows NDEs “should” have life reviews, and we both laugh.] I knew what was *supposed* to happen in an NDE, you know, and, and it wasn't happening. My sense of it was that it wasn't important, at the time. That's not why I was doing that [having the near-death experience].

So, you're in this space that just sort of goes on forever. And it's not really solid, and you're not really walking, but you're sort of upright. You have this sense of maybe you're walking, but you're not walking. And this light is everywhere, that is like a light you've never seen anywhere else, because it can't be duplicated here.

And you're surrounded with this just unbelievable joy, and peace, and unconditional love. And you're just standing there [tone and expression of amazement]—I mean, I wanted to weep, you know? If it was the ground, I would have kissed the ground, and said, *Oh, thank God, I'm home!* I'm, like: Oh, thank you, oh, God, I *hated* it there [on earth]! Oh, I'm back! And I was just so joyful that I was out of there [physical reality]. I didn't know whether to laugh, or cry, or jump up and down and scream. It was just total exhilaration, and freedom, and relief.

I saw, sort of over on the right, or I felt, there were other beings, moving around. But they were not really [in] much of a form. They were sort of whitish—I mean, I'm not sure that white is the word. The only thing that I can come close to is, it's like walking through a cloud kind of thing. But they weren't important to me. And then I saw a bunch of people that I recognized, people who had been in my life who had passed over before me. [They seemed happy to see me] but it's so funny—I just sort of waved. I knew I wasn't there to see them either [laughs]. It was, like, *Hi, how are you? Yeah, yeah, yeah* [laughing], especially [with] the relatives.

My whole life, I felt [as an adopted child, about her family]—these are not my people. I am not with my people. Who are these people? And, you know, even dead they weren't my people. I was glad to see them, and I waived—it wasn't, like, Hey, go away, or anything. But it was, like, I'm not here to see you, it's nice to see you, how you doing, nice to see that you're okay.

But then I suddenly found myself standing in the middle of this circle of these [other] beings, who were about eight feet tall. And they just—glowed, in white, like

they were standing in a prism. Every time you looked at them, it was slightly different—the color wasn't stable, it moved all the time. But, somehow, watching that, it was like: this the way beings are supposed to look. So it wasn't hard to see them, but it was almost—God, I mean—people on earth are just sort of, like— pffffttt [dismissive]. These beings—there's *light* shooting off them. And the colors are changing, and all of these emotions are just like flowing, you know, of—of joy, and love, and bliss, and peace, and everything that you can't even think of. Because nothing could ever be better than this. And knowing, knowing that it felt so much like home.

And I didn't—I don't remember words from them, and I couldn't see their faces. I remember talking to them. Oh, I remember how it felt—it felt like they were my people. They weren't exalted, like God or anything. But they were mine, I was them, we were kindred—it was more family than I have ever experienced on this earth, with anybody that I was, quote, unquote, related to. And that was part of my joy—I'm home, I'm with my family, and there's no way I'm going back." But I do remember having this violent argument with them [with laughter].

[Alicia acts out being a very short person, looking up angrily at a circle of much taller beings.] I'm standing in the middle. Now, I'm five four, and these guys are [she looks and gestures up toward her living room ceiling]—tall. And I'm standing there, shaking my right finger at them with my hand, you know, way over my head, looking up like this at them [she's frowning, and we're both laughing, as she continues to act out this scene]:

“There is *no way* you are *ever* getting me to go back there [to the physical world]. I hate it. It is so bad. You know, its easy for you to say [I should go back], because you’re not there. And everything there is, like, anguish. And its, its just excruciating. Everything is excruciatingly slow, It’s like walking through hip deep peanut butter all the time, just to do anything. And, on top of that, people are mean as hell. People are *mean*. You are not going to heave back down there, with all those strangers who hate me, and persecute me, and are mean to me. And I’m just, I’m not accomplishing anything; and I just give up. I’m home, and I’m staying, and there is *no possible way* that you’re going to get me to go back—”

And then I woke up in the emergency room. And the first thing I said was, Oh, shit—what am I doing back *here*? And that question aggravated me for years. [Because she knows that she learned about this, and other things, including future events, while in the light, but cannot remember many specifics]. Because I knew that I was the one who had made the decision to come back. But [afterward] there was nothing that I could possibly imagine that would have made it worth it for me to say, okay, I’m going back. But I know damn well—maybe just because I’m so stubborn—that there was nobody who could have made me come back, except me. And I *knew* that, and it really disgusted me—like, why did I do this to myself?

Eric: Just Floating Along, Perfectly Content

[Eric is the only one of the 10 core informants who had an NDE before age 16. I made an exception to include him among my 10 core participants because he was the

only NDEr I have met since the beginning of my study with an arrested integration trajectory pattern, as described in chapter five. Also, he and Neil are the only two core participants who received direct confirmation, from physicians, after the fact, of their clinical state of physical death at the time of their experience; and who expressed having had the clear perception, and awareness, at the time, that their physical bodies were dead, rather than near-death.]

I had two death experiences. I mean, I really died. The second time I was with a cardiologist, and he had to do resuscitation on me, I had stopped breathing. And he didn't think he was going to be able to do it. He told me I died. Both times were drownings. In both cases, I really died. I really wasn't fighting it. I was happy being where I was. Both times people revived me, and so they sort of forced me back. That's what caused me to come back, I didn't do it by myself. I wasn't even conscious.

The first time, I was in the ninth grade. There were three or maybe four of us, guys I knew. We used to play down at this river—it's actually called Bear Creek. It's one of the backwaters of the Chesapeake Bay. We were down there to just fool around in the water. What we did was, one of us—it wouldn't have been me, I wasn't much of a swimmer—but one of the guys said let's swim to the other side. And everybody agreed that was a good idea. We got in the water and tried to swim across. The other guys made it and I didn't. I just kind of ran out of gas and kept sinking. I kept trying to stand up, but I couldn't reach the bottom. It was probably about a half mile, a quarter to a half mile deep. And I didn't make it. I can remember, I was just

trying to stand on the bottom, to [get down far enough to] kind of bounce off the bottom, and push myself a little forward, because I was so tired. But there was no bottom. It was so deep, I never could get down. Finally I just stayed under the surface. That's where the first one happened.

I think I became unconscious. What had happened is one of the kids I was with, his father was out in the boat for some reason, and so he came over to us, and they pointed to where I was. And I was under the surface of the water, I guess I was floating, and he pulled me into the boat. Then they took me back to the dock and back to the kids' house. And somewhere along the line there I regained consciousness. I don't remember him pulling me into the boat, or anybody pointing to where I was. It got to the point where I decided to stop fighting it anymore.

It wasn't a bad thing. I was just tired. I heard the sound, like a loud kind of a whistle or a tone and the tone gets louder and louder and louder. Then the tone stopped and I saw the brilliant light. And I felt this very relaxed, this just kind of good-with-the-world feeling. I was watching what was going on down below, and feeling sorry for this person in the water. I remember just kind of shaking my head, thinking, he sure shouldn't have tried to do that. There wasn't a lot of emotion tied to it, I just remember thinking, boy, he shouldn't have tried to do that.

The same kind of thing happened the second time, when I was an adult. I was around 22 or 23. The only thing different was it was very cold, so I think hyperthermia played a part in that. I had a big heavy coat on. I was with friends, on a boat, out on the Chesapeake Bay. One of them was Dr. James, and that year I was

crewing on his sailboat. It was his boat we were on. We were towing a dinghy, we'd been out for the weekend. We decided it'd be a great day to take pictures of his sailboat under sail, with the whitecaps and the wind blowing pretty hard.

I was going to get in the dinghy, and I'd just sit there in the dinghy, and they'd sail past. And I'd just take pictures of the sailboat from the water level. He was just going to tack back and forth. The dinghies are pretty unstable, pretty tipsy. And as I stepped off the boat into the dinghy, the dinghy flipped upside down, and I went in the water. This was a really stupid thing we were doing. Dr. James felt bad. He wrote an article about this later, it was published in a boating magazine, it was such a dumb thing.

As soon as I went in the water, he threw me a life ring—they had these horseshoe life rings—but I never got to it. It just kept drifting further and further away from me. I knew exactly what was going to happen [for the sailboat to be able to get back to him]. He'd have to tack away from me, and then tack back.

The funny thing is, I knew that this was going to happen, there was no panic involved. I knew they couldn't get to me fast enough. Even though there's an engine, you can't just start up the engine. You have these blowers that have to suck the gas out of the bilge [first], or the boat would explode. And the wind kept blowing the life ring away from me faster than I could swim toward it.

Then I tried to take my pants off. That's another survival thing in the water—you tie the legs of your pants together, and you can catch air in your pants [and float]. I had on a coat and a heavy sweater. I knew I was supposed to take my shoes off, but I

couldn't get my shoes off. I couldn't get my pants off. I think the cold got to me. It might have [affected me] in the first [incident] too. Even though it was sunny that time, it was still pretty cold. This time, the water was cold. We were sailing in the winter.

But the same thing happened as the first time. I just stopped fighting it, I just let myself sink. The same thing—I heard the sound again, I saw the light. It was a very bright light, when I first saw it. It was like somebody shining a light too close to my face. It was too bright, it would hurt your eyes if it was happening [physically], and you wanted to turn away from the light. And it would have been like, almost, someone holding a flashlight or something in your face on a dark night. You know, it seemed if you could step outside the beam, and it wouldn't be there, but there was no getting away from it. I mean, I didn't get away from it. I didn't try to get away from it actually, I just stared at it. It seemed like it was coming from somewhere, but I don't know where it was coming from. It was kind of blinding my sight to whatever was around the light, if you know what I mean.

Then in the next instant, the light was further away. It was still focused on your face, but wasn't right in your face. It was still there and it was still focused right on you, but it wasn't so uncomfortable. [What color was it?] It wasn't a white light, it was a gold-ish—[Amber-ish? I ask]. Yeah, amber-ish or gold-ish, yeah.

And there was that sound. [What did it sound like?] It was a steady tone, it didn't waver in pitch. But it got louder, and louder, and louder, and louder. It's almost, like, maybe an electric horn or some sort of a steady tone, and pretty high, but

not a real screechy one either. But not low, not a beep, beep, foghorn or anything. It was pretty high pitched, but not uncomfortably high. The thing that got uncomfortable about it is it got too loud, you know, it got very loud. Then, when it got to the point where it was almost hurting loud, then it stopped. It was just steady, and it didn't waver. But at first it was kind of—uggghhh—it got louder and louder. Like, man, that hurts—and then, all of a sudden, it stops.

And then it was the same thing, where I could see myself in the water, face down in the water. I was kind of free floating, I could kind of look down on myself. I didn't feel like I was in any panic at all. It was just sort of relaxing. I felt contented, it was very peaceful. And then the boat did tack and come back for me, and they used a boathook and got hold of my coat or something, and pulled me up the side of the boat. There were the doctor and his wife, my fiancée—there were five or six people on the boat. They pulled me back on the boat. I was unconscious. Dr. James performed CPR, he was a cardiologist.

[What do these experiences mean to you?] I think the ongoing thing is that it makes you not afraid of death. I don't know that it answered every question about death, but I know it's not a bad thing, it's very restful. [What do you think happens after you die?] I'll probably hear that loud tone, and see the light, only this time I'll keep going. Somehow it was interrupted each time. Next time, I'll just keep going. Maybe that's what it is, maybe you do just keep drifting somehow. I'm not sure. I think it's almost like another state you enter. I did not know that before.

Chapter 4: Listening to Lives that Don't End with Death, Selected Life History Narratives

I truly am an immortal soul, an extension of the Divine, who temporarily resides within a carbon-based form of electromagnetic pulsations which produces a solid-appearing, visual overlay of behavior patterns more commonly referred to as a "personality." Phyllis is a name given to my personality, my temporal self, but the real me is I AM This clarification of my true identity flooded me with so much joy that I could hardly contain myself. Almost immediately, though, I ran afoul of a simple question: Since I am an immortal soul, why do I need a body? (Atwater 1996, p. 93)

Gwen's Stone Soup, A Trickster's Tale

I died and was reborn. I just got to keep the same body and the same wardrobe.

With its wind chimes and stained glass, the flower-lined curve of the walkway leading up to the almost-hidden entrance, and a Dutch-neat garden, Gwen's home reminds me of a Hobbit house in Tolkien's books--an unassuming, comfortable, and yet a magic place. In her miniature, beautifully landscaped yard and her bountiful herb beds and vegetable garden, Gwen has taken little and made much.

I found this sort of "Stone Soup" approach to life to be typical of Gwen, who was the initial informant for this project. As my field work progressed, I realized that the Stone Soup theme in Gwen's narrative was confirmed and reflected by many other experiencers' descriptions of the impact of their NDEs, and the profound shifts it produced in their values, beliefs, interests and life priorities.

Gwen has, to use her words, "taken weird and made it work" for her, in her life. The articulate, high-energy grandmother is the sort of pleasant, no-nonsense neighbor you would want to look after your house when you're away; not someone you would think has had out-of-body experiences, seen spirits, and died and been reborn; or someone who might, after her day job, offer private psychic consulting sessions. Similarly, in her narrative, the only "glitch" in an otherwise conventionally-structured life account was the fact that, as Gwen smoothly put it, "I died and was reborn, I just got to keep the same body and the same wardrobe."

Gwen's has been a harsh and difficult life. By comparison, her life until she was five was idyllic, if very different from the lives of the other white children in the segregated Chicago suburb where she grew up in the 1950s.

"In my house," Gwen told me, "You were judged by the quality of what you were and who you were." Her parents were "artistic;" her father was a journalist and her mother an actress, and both reinforced her feelings of intelligence and spunk. They taught her strong values. Once, Gwen said, her mother asked a guest to leave their house when the guest used the word "nigger." "We could not spend money or go anywhere that anyone couldn't go for reasons of race, sex, religion, whatever."

Gwen was proud of her family's "alternative lifestyle," that their lawn wasn't neat but that her parents were people of conscience, that they once entertained Langston Hughes. Gwen, meanwhile, was "a tree climber and a woods walker and a ditch digger and a fort builder." "I was always a weird kid," she said. Unlike her sister, she hung around with the boys.

But being "weird" took a less positive turn when Gwen started school. Severe, undiagnosed learning disabilities made her school life torture, especially since teachers, knowing she came from an educated, intellectual background and was obviously bright, took her poor performance for willful disobedience, and singled her out for punishment. She "never got to go to recess, or have the cookies and the milk." The problem was that any kind of written work was very difficult; she couldn't understand the instructions, she couldn't read maps or music, her short-term memory was affected. And everyone thought it was her fault. She remembers hating school so much that she began to have out-of-body episodes in school by the time she was in the second grade:

I hated it so horribly; to keep from crying, I'd just leave my body all the time. . . . I was weird. I was the weird kid. . . . When it would get too hard, I would leave my body, and then I would switch the room back 30 years. The blackboard would turn black [instead of brown, its normal color], and there were . . . [different pictures] on it. And the desks would change [from the all-wooden desks usually in the room] to wrought iron, with black sides and wooden tops. . . . It hurt too bad to be in there, in that body. So I'd just get out.

By third grade, Gwen's parents were baffled and disappointed by the poor school performance of their "bright and intelligent" daughter. So "I just internalized," Gwen says. "I was 'bad' and 'lazy'."

Gwen's difficulties were just beginning. When she was nine, her parents had a fourth child, a severely autistic son. Now there was no more socializing. "Our lives

disintegrated. He would piss all over the house and run around naked and scream. So we became isolated. People didn't come over, and if they did come, they would be shocked." Always the most competent of the children, Gwen took a great deal of responsibility for her brother. When he was accepted into a special school when Gwen was 19, to save money she traveled with him to Kansas and cared for him for a year and a half. "I was his mother," she says. Then, when she was 20, her mother had a heart attack, and diabetic complications led to the amputation of both her legs. Gwen's autistic brother was institutionalized, and she returned home to care for her mother and the other children. Two years later, her father died at his desk at work, and Gwen made all the arrangements for his funeral. Within several more years, all of her grandparents had died.

As a teenager, in spite of her "weirdness" and family traumas, Gwen began to make friends, by trading on her uniqueness. "I found out I was funny. I found out how to take 'weird' and make it work for me. . . . I would do new and different things. And I learned not to personalize it, you know, being weird. And when I turned it into a marketable trait, it became a major asset."

Gwen's adult life has not been any easier. By age 25, she had married, to discover that her husband's increasing abusiveness was related to alcoholism. She became a single mother of two young, biracial daughters, with little help from her ex-husband, and extremely limited resources. Her learning disabilities and family difficulties had made completing school an impossibility. The kinds of jobs open to her were as a "custodian, a cleaning woman, or a cashier."

In 1975, Gwen became very ill with a systemic infection complicated by an allergic reaction to antibiotics. She had no medical insurance and no regular income and so did not go to the hospital; she feels she came close to dying, at home alone in bed. During this illness she was visited by a being of light, a protective male figure, who came to keep her safe from some small, menacing, gray, hooded figures who seemed to be surrounding her bed:

[He was] a big, huge cowboy who radiated light. He had blond hair, and blue eyes the color of the sky. He leaned in my window and put his arms around my bed. And he just held me. And then some friends found me and I went to the hospital and they did surgery.

Gwen's "cowboy," as it turns out, was to figure in her life again--she was to recognize him as the one-armed man who somehow carried her body from the train wreck while she was in the "world of light."

After briefly leaving her African-American husband, Gwen was raped. When she and her husband had separated for good, she worked two and three jobs at a time to support herself and her daughters. Finally, just after catching up all of her monthly bills, her landlord's property was repossessed. Suddenly homeless, Gwen had to send her daughters to stay with her husband's mother while she looked for new housing.

"For the first time since I was nine years old," she told me, "I didn't have anyone to take care of. All of the grief started to come to the surface." Gwen's feelings about the rape first led her to counseling; during which her learning disabilities were finally diagnosed. She was scheduled for further testing, and was to enroll in a government-sponsored training program in upholstering for people with

her disabilities. She felt she could finally hope for a steady income for herself and her daughters.

First, she decided to allow herself a brief vacation. She would take a train trip, to visit some friends in Seattle. It was during this cross-country trip, after her train wrecked in Sand Point, Idaho, that Gwen's world was transformed by light.

Gwen's beliefs about the "world of light" and the "world of darkness," can be seen in her description of her NDE experience in the last chapter. For instance Gwen feels it was to fulfill her duties to her children that she returned from the world of light:

And it seemed like when the voice came that said, what about your kids? it was like, they're still back there in the body stuff. Because you now know the light stuff, you have to go back there and help them with their body stuff. Help them deal with the confinement and the confusion and the density and the darkness and the short-sightedness that accompanies being in a body.

If, before this near-death experience, Gwen had learned to "take weird and make it work" for her, after the experience, Gwen has felt her life take a new shape.

I think others would say I am more alive, more positive. That I look better. Old friends whose lives have stopped might say I'm different, more spiritual. All the parts and pieces are now more in working order and pull together. . . . Before the train wreck, I had the eggs in one bowl, the sugar in another bowl, and the butter in another bowl. Now I have the cake. . . . I was healed there.

Often, Gwen says, she finds herself, apparently by coincidence, talking to people, even people she has never before met, who are grappling with life-threatening

illness or traumatic loss. Many time, they tell her later that her intervention has helped them to cope with their lives., When we started this life-history project, Gwen was between jobs. During our interviews, she accepted a receptionist position with organization which supports lupus patients and their significant others and care providers.

Gwen seems to draw on a handful of cultural meaning systems, or sets of beliefs and values, to make sense of her life in a difficult world—including the unconventionally artistic and socially progressive family values established by her parents, her trials and successes in her scrappy role as “other,” both in context of her well-read, intellectual parents, and as the child of such an unconventional, white family in the mid-west, in the 1950s, her focus on spirituality, paranormal abilities and related values which she shares with many age cohorts, as part of the baby-boomer, hippy-era generation. But again and again during our interviews, she draws on insights she gained from her experience after the train wreck, about the differences between the world of shadows and the world of light. That even clearly marked an inner-directed alternation in her sense of self and her view of reality; and, apparently, heightened her ability to make much, in her life, from very little.

“Everything was different after the wreck,” Gwen told me: “I died and was reborn; I just got to keep the same body and the same wardrobe.”

After we had been meeting together for awhile, I asked Gwen how she would describe her job in "earth school." She said:

Did you ever hear the story of stone soup? It's a beautiful story--about the two soldiers who come into the town, and they're so weird and everybody hates them? And everybody shuts the door. But everybody in the town is hungry. And that's why they're afraid of the soldiers. They're going to keep their carrots in their house, and their potatoes in their house, and fuck the soldiers.

So the soldiers make stone soup. They go get a pot. They fill it with water, and they start cooking the stones. And they make stone soup. All they need is just one carrot. And they're gonna share their soup with everybody. "Well, I have one carrot." "Oh, okay." By the time they finish, they took the stones out and threw them away, and there was a pot of soup. Everybody had contributed, grudgingly. Everybody can share one carrot. Especially when they think they're going to get something out of it. And it turned out everybody got something out of it, and they were all friends and they had a party over the soup.

That's the job. You're the soldier, and everybody's hungry, everybody's keeping their carrots in their cupboard. And your job is to go get some stones and a pot and with your friends stand there and make stone soup and make it inviting for other people to share.

Sometimes you just have to trick people into being the best they can be.

"Dead People Talk to Me:” Chris’s Shifting Maze

When Chris and I met, at a lecture at the University of Maryland, we talked briefly about my research and Chris told me that she thought both she and her mother had experienced near-death sorts of events. She immediately agreed to be an

informant. But when we had our first meeting, and were sitting on benches under a cool, October sun in her wooded front yard, Chris seemed much more guarded. "I wouldn't tell my life story," she demurred, "It's too scary. I guess I don't trust a lot of people. I tell it in pieces, if I get to know somebody for a really long time; then I just sort of let a little out. And then usually they just don't believe me."

Chris was 46, and one of four siblings in a socially-prominent, white, Catholic family in the Washington, D.C., area, where she still lives, more than a decade after we first met. Because of her father's position as a NASA contract representative, the family traveled a lot in her early years, and Chris remembers feeling very shy, and trying to fit in, not draw attention to herself. Because of all the moves, Chris said, "I didn't really make friends. And just had my sisters and my family."

Keeping a low profile and fitting in was important because her family was an "alcoholic, dysfunctional" one, where keeping secrets and appearing to be "normal--better than normal, perfect" was the unspoken rule. It is also a family where members contradict one another's versions of reality, according to Chris' narrative; which can make "the truth" about anything in her life an elusive concept.

I hated my childhood, but I never knew until I got into the [12-step recovery] programs what actually had been bothering me. I'm the oldest, so I had to take care of all my siblings and my parents. And I internalized things, and blamed myself for things that were happening in the family. I never would have told the story of my family. It was just ingrained in me really young. As a matter of fact, everything that I told, ever, about my family, people in the family would say that it didn't happen. And we still have a lot of trouble, when we say

something happened, my mother will say it did not, or make up some other story, or another sister will say, no, that did not happen.

Back in Maryland for high school, Chris spent time with her grandparents who were also alcoholics, but were "wonderful" to her. After receiving a degree in education from the University of Maryland, Chris married her long-time boyfriend. After teaching for nine years, her husband went into business for himself, and the family now owns three retail businesses. Through the years, Chris's paid employment has usually been with the family businesses.

Chris was the 34-year-old mother of two young children when she had her accident twelve years ago. "I did the Christopher Reeves thing," she told me. Although she could move after she was thrown from her horse during an outing with her sister, her pain and increasing confusion made it obvious something was wrong.

At the hospital, in shock, Chris was found to have a compressed disk and a concussion. She was assumed to have been conscious the whole time. "But I actually did see my grandparents!" she said, "They were dead, and I saw them!" Since that time, Chris told me, "Dead people talk to me."

Chris realizes that, since her accident, she is a "completely different person." But she isn't sure she knows how much of this difference relates simply to having had amnesia, or perhaps to brain damage, and how much to the experience she had with her dead grandparents. The first person Chris tried to tell about her experience, the nurse in the hospital, interpreted her experience of seeing lights as "spots in front of your eyes." The nurse advised her not to tell anyone else.

Just as Chris' explanation shifts for being a different person since her accident, her account of her near-death experience has also shifted since we first met, apparently as a result of having learned more about these experiences. As the account of her NDE in chapter four indicates, what started out as a "bar in heaven" later became a locale definable only in terms of its deep, golden-amber lights. In fact, after seeing an artists' representation of this amber-gold light common in near-death experiences, Chris chastised me for not asking more questions about the "pubby lights" she initially had trouble describing.

I had planned to question her in fact, because I didn't understand how what she had told me--that she had been with her grandparents in a pub in heaven--had been translated into "spots in front of her eyes" by the nurse she had first told.

Although Chris had no idea she was doing so, even during the period of her amnesia she began to challenge family interaction patterns. "Why are you talking to me like that?" she might ask a family member, not remembering "that of course we had a pattern from years of living together. [But] I would say, 'Well, it's not right to do this.'"

Upset by her own reactions and family patterns, Chris sought family counseling. Chris' hospital vision did not come up during counseling, but she was directed to self-help programs for families of alcoholics, which helped her begin to establish new patterns of interacting with her family. This had a dramatic effect on others in her family, Chris feels. Three of her siblings are now in recovery programs,

and Chris' relationship patterns with her husband, children and the rest of her family have shifted:

A lot of things changed in the family. Just because of my insights. But at that point I just thought it was amnesia, and that was it. And it was very hard. Very hard. Because I took the brunt of a lot of it. I mean, they just didn't want any change happening in the family. They didn't want to learn about [alcoholism and] recovery. You shake up the family [going into recovery]. So that's all I thought it was.

Whereas before Chris used to wonder what she should be doing with her life, she told me that since her experience she feels comfortable being of help to her family and others with whom she interacts in the course of her life. Receiving sometimes-adamant advice from "dead people," however, can be problematic. "I'm not always sure what I'm supposed to do about it," Chris says. She doesn't want people to think of her as "crazy." Chris has received accurate and helpful medical advice in some cases, and information about future events in others. "It's really hard," she says. "It's horrible." She laughs and adds, "Well, it's not horrible, it's [the information is] always good, it's not scary. It's just that--it takes your life and twirls it around."

She also knows that her family would not be happy about the fact that she has befriended young drug dealers from inner city Washington who frequent one of her family's retail businesses; that they might think her behavior is "dangerous." But it seems natural to her now to reach out to others across barriers significant to her family but not to her.

"A lot of people were angry at me for changing, they thought I shouldn't be talking so much about religion and education, things like that. They really wanted me to be the way I was, which before was shy." So, even now, Chris tends to keep her new abilities and insights to herself, although feels she has become more outgoing and sure of herself since her accident.

If seeking the meaning of her experience has had a maze-like quality for Chris, it seems to me this relates to her having a number of different and conflicting meaning systems to deal with (Caughey, 1995). I could identify at least seven different, sometimes conflicting sets of beliefs, or cultural frames of reference, through which Chris relates to her near-death experience and its aftereffects: (1) Her perspective as an "a la carte" Catholic makes her wonder whether "old beliefs" have colored her interpretation of parts of her experiences; and thus to feel "confused" about the meaning of particular aspects of them. (2) Her partial acceptance of medical and psychiatric belief systems make her wonder whether she is a different person since her near-death experience because of the experience itself, or because of her amnesia.

Her (3) outwardly conventional, white, socially prominent family was also (4) "dysfunctional and alcoholic," and so relied on an unspoken agreement to keep many secrets in order to maintain appearances and preserve social status. Chris acknowledges that these frames of reference collude to make her tend to view her NDE as something to be kept secret; that they make her somewhat reluctant to talk about the NDE and other "strange" and "scary" experiences she has had since,

because she doesn't want to seem "weird." Also, from the perspective of her family's values she wonders if she is behaving in a dangerous or crazy ways.

In conflict with these cultural identities, Chris also thinks of herself, to differing degrees, as (5) an NDE survivor, (6) one who holds values she associates with being of the 60s generation, and (7) aligned with the meaning systems of 12-Step recovery programs. These are frames of reference which help her trust and find meaning in her desire to share her experiences and the powerful effects they have had on her life, and which validate her social "border-crossings."

Neil's Two-Sentence Life

I was born in 1949 In 1977 I was shot to death coming out of a theater in Manhattan.

Neil's life story started with his birth and--after an extended detour through the complexities of numerology in connection with children born since the late 1940s--went directly to his death, and beyond. His was certainly the most attenuated "life story" I had heard.

For our interviews, we met at Neil's downtown apartment. Interesting fabric wall hangings and art work--including his own metal-utensil collages and sculptures--along with large quartz crystals and other gemstones, and a nest of large, opaque, quartz crystal bowls decorated the cluttered home office of Neil's apartment.

At our first meeting, after Neil had presented his two-sentence version of his life, and his much longer near-death narrative, he left the topic of his life (and after-

death) entirely for the duration of that two-hour interview, and launched into a very cogent and pointed explanation of his conception of culture as "The Big Lie":

The lie is that we are inadequate. All of the identity that you've formed in this lifetime turns out to be based on the lie. Your existence was a hollow tube and on this tube you pasted little pieces of people that you admired. And after a certain point you became all of these people, but never you. And so you look down the hollow tube, and it's nothing. And oh, what do I do about this?

I heard a lot more about what Neil's nonphysical helpers had told him during that first interview; and I also got my "chakras toned" with Neil's crystal bowls, but it took several subsequent interviews and telephone conversations before I could put together the data he presented in such a way that any outlines began to appear of a "life history." As a result, I have many more pages of transcription about Mayan prophecy, simultaneous multidimensional reality, and other topics from his nonphysical "sixth dimensional" helpers, than I have about Neil's life.

My transcripts and mental images of our interviews reveals his "death experience" in very clear and colorful detail; whereas Neil's actual life story is, by comparison, sketchy, vague, and flat. Neil simply did not seem to have much interest in discussing the specific events of his life, particularly his life before the experience. But then, as Neil said, because of the severity of his injuries, "They [his helpers on the other side] refurbished me They put me back together differently."

Neil was born into a comfortably-situated white family in Pittsburgh in 1949. His father, Neil said, was "a typical WASP"--an emotionally-distant mathematics

professor whose subsequent corporate career made him an often-absent parent. Neil identified strongly with his mother, a frustrated homemaker. He grew up in New Jersey, his parents' only son, and the only child of his generation in his family. He was expected to follow in the footsteps of his physician grandfather, but felt himself to be an artistic person with no particular interest in school, let alone medical school.

The family was not religious, his father a non-practicing protestant and his mother a "way ex-Catholic." Neil was close to his maternal grandmother and thinks she may have had him baptized in secret—but he doesn't recall what denomination was involved. At any rate, there was no pressure about religion, or about his joining the military, from his family.

Neil remembers having few companions outside of the adults in his own family until he started public school. He tended, he said, "to befriend those society rejected." He began studying palmistry in college, and told me his early school life would have been different if he had known palmistry then, because he found it helped him in "figuring people out."

Neil recalls always thinking of himself as a spiritual person, if not a very socially-adept one. Even as a child, he tried to "figure out what the word spirit meant," he said:

And I saw it as lurking in shadows. There is the object and the spirit of the object, which were two separate things, even in my child mind. I thought of the spirit as very shy, it never wanted to be seen, it never wanted to be revealed. So you would have to seek it.

Neil enrolled and almost immediately dropped out of medical school, to his family's dismay. After traveling through the Caribbean and California, under pressure from his family he enrolled in school again—this time, it was the School of Visual Arts in Manhattan. By the time he had completed school in 1977, his art career was showing real promise, and he had also begun giving professional seminars in palmistry.

He liked palmistry, he said, because "all of palmistry fits into a suitcase," which suited his preference for keeping his life simple and unencumbered. He pointed out that he has never had what most people would consider a "real job."

The same month he graduated from art school, Neil told me, he was shot to death by a stranger in Manhattan, "a Son of Sam copycat." The man was never found, and no motive was established. The shooting took place after a theater performance, as Neil and his date were leaving the building:

People were pouring through the door after the show, and this guy singles me out, went bang, bang, bang [hitting Neil twice in the torso and once in the head]. . . . And the guy is running away, and I'm noticing there's a body laying there, in my clothing."

It was interesting, Neil thought at the time, that his "thought process was not even remotely interrupted by death."

After what he calls his "death experience," or his "shamanic death and rebirth experience," Neil was "completely re-written, re-wired," by other-dimensional helpers. He had to re-learn to think, feel, and speak; even how not to drool. But there

were strange compensations, the "marbles" mentioned by the St. Peter figure in Neil's death experience. As soon as he awoke from anesthesia, for example, he found himself looking into a nurse's eyes. "And I go, oh, my god, this woman was there when I died in the civil war. . . . Then I could see everyone in their past lives all the time."

Neil attributes the shooting and many other aspects of his current life to the lessons he learned in the light about reincarnation, and specifically about his own past lives—including those he shared with the stranger, never identified or apprehended, who shot him when he was 27.

Neil had a second surgery, to repair damage from the wound to his head. In the hospital afterward, he had an "NDE addenda" experience—which seemed similar to the "preparatory" experience Gwen had years before the train wreck. Both of them, in describing these similarly NDE-like experiences, reported seeing and being entreated to join a band of unpleasant-seeming, small and grey-hooded, or otherwise indistinct "shadow" figures. I had seen accounts similar to theirs before, but these were the only two I heard from my study participants.

Gwen says she was protected from the little, grey, hooded beings she saw surrounding her bed by the "blue-eyed cowboy"—who would later, in this reality, pull her from the wrecked train car. Neil thinks his hospital room-mate was the real focus of the attention of group of shadowy figures he saw gathering around his bed:

When I was coming to again in the intensive care unit, when I started to wake up, I saw, from the heart down, maybe a dozen beings standing around the bed in a magenta green light. Just forms, [but] to

me they were people. And they were saying, "Come with us, come with us," and I was saying, "I really fought hard to be back in this body, there's no way I'm going anywhere with you guys, period. . . . No thanks. Not the fraternity I'm joining."

And then all the doctors in the room rushed to the bed next to mine. And I see all of their auras very clearly, and they're pumping their auras up like mad [trying to save the patient, unsuccessfully]. And all of a sudden the auras of the doctors just shrink down to almost nothing. And literally they all hang their heads.

And I realized that the guy in the bed next to me [as soon as he died] took the option [and joined] the fraternity [of those beings] that wanders the hospital [looking for dying patients], collecting souls into limbo.

In the first year after the shooting, Neil mentally felt himself "work back up" developmentally from being a toddler, with the help of his other-dimensional guides. Although his memory was intact, he said, he had "nothing to say--I was so totally flat-lined." If someone visited and asked questions, he could answer, but he seemed to have no feelings or desires at all. Although he completed a painting within months of the shooting, and was "up and around," he had "no drive, no ambition, no anything."

Neil feels that, even though our culture is inherently a "dysfunctional" one, where "it is impossible to get a child's real developmental needs met," he was given the opportunity after the shooting to have his previous identity "reset." While still in the hospital, someone brought him Moody's first book on near-death experiences and, glancing at it, he "sort of intuited what the deal was," but never read it, or had any

curiosity about what medical, religious, or any other “experts” had to say about the meaning and significance of his NDE. He didn’t care whether they decided NDEs were authentic or abnormal experiences, real or delusional events. He was sure he understood the reality and significance of his own experience better than any expert, scientific or otherwise, who had not had an NDE: "From day one, I just knew."

After he got out of the hospital, a friend from art school invited him to Wisconsin to recuperate. He then worked for seven years with other psychics at "light agencies" there. This work helped him to learn to control the past life visions that could overwhelm him even when he passed people on the street. He said, "It got so that I didn't want to look at the guy delivering the pizza. . . . It became dysfunctional."

After his recuperation, he began selling his paintings on his own to survive, which was "later on replaced by reading palms" to get by. "I don't even need paint or canvas," he had realized, "Just another human being to talk to. Just a serious sense of independence." In Washington, D.C., a lawyer friend took him around to law firms where he sold every painting he had brought. "I put the checks in my pocket and threw away the portfolio."

He married one of his palmistry students, who was from a family with "old money," Neil said. Before divorcing, they had two girls, one 4 and one 6 years old when this study began; and now in their teens. About his former wife, Neil said:

I think we were to get together to birth two children, and then that was it. There was a near-miss car accident, where I should have been cut in half, when I

realized it was leave the marriage or die. When I did, that night, I was shown in my dreamtime a series of past lives with her.

Neil now hosts two cable television shows focused on diverse spiritual, psychic, healing, and related approaches and practices, along with his new partner, Miriam, whom he met during the decade since he was formally involved as a core participant in this study. Over that time, he has had written and had published four self-help books; and supported himself with what he refers to as his “light work.” He and his partner offer cable television viewers, clients and workshop students information, instruction, and consulting on a variety of psychic, paranormal, and anomalous experiences; various divination systems and tools, alternative healing systems; and meditation and other spiritual development techniques. Since I have known him, he has apparently been able to support himself with what he calls his "light work." It is his role, he feels, to help others reset their thinking, as his has been reset; and to get “unstuck” from the sorts of dysfunctional reincarnational patterns in which, as he saw in his NDE, he and his assailant had apparently been entangled.

Jenny: An Interrupted Journey

Jenny was the only core informant who had, almost by chance, made contact some months after her experience with a near-death experiencers' group affiliated with the International Association of Near-Death Studies (IANDS). That contact seems to have had a profound influence on her interpretation of her near-death

experience and its repercussions. It was through our participation in this group that Jenny and I met.

Also, she was the only one of the 10 primary study participants whose NDE had *not* taken place at least five years before she began participating in the study. Both circumstances influenced my selecting Jenny, for purposes of comparison and contrast, to be one of the study's core participants.

Jenny was born in Seward, Alaska, the daughter of a "freethinker" mother and a Catholic father. Her father, who was Seward's chief of police, died when she was two. Her mother's family was Russian Orthodox, but her mother was of the B'ahai faith. "Her philosophy was the all children must go to church every Sunday; however, they have to go to all different kinds of churches and synagogues." While her father had battled unsuccessfully to have Jenny christened as a Catholic when she was a baby, her mother had held out, feeling that this decision should be made by the child much later in life.

After her father's death, Jenny's mother and she traveled to Chicago where her mother's parents and family lived. Her mother held different positions, as a teacher, postal worker, a buyer for Marshall Fields in Chicago. Jenny has a half-sister 19 years younger than she, whose father, Jenny says, is an alcoholic. For years, while her mother traveled and studied, Jenny lived most of the time in Chicago with her grandparents. Jenny told me that she was not close to her mother until after she had had her NDE.

Jenny was "blessed" to have her grandparents, she said, "two beautiful, beautiful people" who immigrated her in 1918 from Russia. She was raised very strictly, picked up from school by her grandfather every day until she graduated from high school. While the family was "traditional," Jenny learned to value religious open-mindedness from her mother as well as the Catholicism of her deceased father, and psychic abilities because of the accuracy of her grandmother's predictions.

There was also an aunt Jenny "loved to death," but who made her question whether attending different churches weren't a mortal sin. "After the NDE," Jenny said, "You look back on all that shit you grew up with, and it's like, boy, did you miss the boat on death, Mom, Dad, Auntie!"

This aunt had told me since I was knee high to a grasshopper that you're committing a mortal sin if you're not Catholic. I went to the Synagogue, I went to the Russian Orthodox Church, the Lutheran Church, the Holy Roller Church, I went to the Catholic Church. For some reason, the only time I felt whole, and God's love, was when I went to the Catholic Church.

Living with her grandparents and several aunts and uncles in Chicago, "I was made a lot of," Jenny said, "because Dad had died." She stayed with them while attending college to study interior design. When she was married to her first husband, they moved to Virginia in the mid-60s, and had two children. They divorced in 1970, and Jenny began at her present position as an administrator at a local college in 1974. She married her second husband in 1987, and had her near-death experience during a serious illness five years later.

When Jenny moved to the Virginia countryside, there was no nearby Catholic church, and she attended a Baptist church. "But," she said, "I didn't feel God's presence. About a year before I got sick, I said, this is ridiculous. I took adult catechism [classes], got confirmed, got baptized, the whole nine yards. I worked with this priest, Father Jude, on my journey of faith."

Jenny's health was not good when pancreatic cysts and then acute pancreatitis led to her extended hospitalization, ultimately to the critical-care unit where she nearly died.

When Jenny's condition was deteriorating, "Who comes to give me the last rites but Father Jude." Father Jude, however, also stepped in and stopped her journey to the light: "That warmth and the love was pouring through that light, and in steps my priest. And blocks me . . . from going all the way through the gate." After this experience, her condition continued to deteriorate, and she remained hospitalized, and in pain:

So I come out of this NDE [and] I had all this anger for this priest. Well [later], when I found out what had happened to me was a near-death experience, I understood why I was so angry at the priest, because he stopped me from my journey and I had to come back to all that pain again. And that I was angry at the nurses and the doctors for keeping me alive, keeping me on morphine and . . . [other drugs], and nothing was working.

I had to get into some counseling. Because this was the priest that led me on my journey of faith, and I loved as a priest, and I had this feeling that I hated him, and I didn't know what the hell was

happening. How can you hate this man you loved for 16 months, who led you on your journey of faith?

I had always wanted to be Catholic, I needed that symbolism, and then I came back from the NDE, and I just knew that, *Oh, my God!*—everybody here, we've all missed the boat. It doesn't matter if you're a Holy Roller, if you're Jewish, if you're Buddhist. That's not the meaning of life. The meaning is that [whispering] we're here to love each other and take care of each other, and take care of the planet.

And then I still had a lot of frustration, things that were going on, like killings in D.C., and I thought to myself, everybody has to have an NDE, because we're killing ourselves. I would pray, oh, god, let everybody have a near-death experience. It was awful, it was awful. Because I'd think--I missed the boat! Here I am with the rosary, and all this symbolism, and statues and candles. . . . And I thought afterwards, God, I missed it, that's not what God wants, he wants us to love one another.

After the NDE, Jenny also felt deep shifts in her relationships with her long time co-workers, and a sense that she had changed, but without understanding why:

Meanwhile, my husband's brother and his wife [a ministry student and a nurse] told me [that the NDE meant] I got possessed by the devil. I just shut up! And then I got angry at God. First of all, I felt that I didn't go all the way into the light because I wasn't a good enough person.

I still have a lot of anger, frustration, because people who haven't had NDEs I feel have missed the whole entire boat. That's why I keep praying, let everybody--not get sick, but--have an NDE [she laughs].

Finally, a co-worker found her crying in the rest room, listened to her confused account of feeling unable to connect with her co-workers since her experience, and realized that Jenny seemed to have had a near-death experience. She referred Jenny to a mutual friend and former co-worker who was now a hospice professional and researcher affiliated with IANDS. This friend facilitated meetings of a local Friends of IANDS (FOI) group which Jenny joined.

During the months she participated in the study, before moving to another part of the country, despite the support of her FOI group meetings, Jenny continued to struggle to understand the meaning and implications of what has happened to her life, since the NDE:

I used to believe in heaven and hell. After the NDE--this is our hell, our everyday living. Killing each other . . . this is our hell. I still get stuck, Suzanne, you know, I realize I'm this changed person. I'm feeling pulled to come forward, to go back. I feel, just let me be free, let me be free--to do this work. It is a struggle.

While Jenny has found her psychic or intuitive abilities increasing, she says that she sometimes tends "to bury the impact of the experience because of feeling that profound sense of responsibility for bringing change about. I don't feel I always have the opportunity to do what I'm supposed to be doing."

Some aspects of these changes seem positive, such as Jenny's having lost her fear of death. Before her NDE, Jenny told me, "I was the last one in the family that anybody told about somebody's death. Because I didn't handle it well at all. When I

lost both my grandparents, I went into great, great depression." Now, her father-in-law is dying of cancer, and Jenny has found herself thinking, "You lucky son-of-a-bitch!" "Death," Jenny told me, "is the ultimate high."

Kelsey: There Is Balm in Gilead to Make the Wounded Whole

Kelsey and I met in a local health food store. We ended up talking for nearly an hour outside the store, and had already exchanged telephone numbers, before I thought to mention my research and discovered that Kelsey was a near-death experiencer.

Compared with the other informants' cultural contexts, Kelsey's is unusually well-knit. Her identity has been shaped by belonging to a powerful and respected Virginia family of several generations of African-American "teachers and preachers." The family's reputation is based on a history of accomplishment, community activism, and spiritual values and leadership.

As an elementary school teacher from a family of several generations of educators, Kelsey knows the rules and teaching value of a well-told story. Among a core group of articulate speakers with fascinating stories, she stood out as a mesmerizing story teller. When she talked about being three years old, her face became alight with the wonder of a small child; when she re-enacted her revelatory experience, I was there in the spotlight at the bottom of the elevator shaft. The oddity in Kelsey's narrative is that in mid-stream it becomes an account narrated by "I Am That I Am." Like Gwen, Kelsey has been reborn in the light.

She diverged from her own story to tell me a great deal about her family's history, thus contextualizing her own account both historically and spiritually in terms of family culture. Her great-grandfather arrived in Danville, Virginia, on a slave ship. Her mother's mother, who was half-native American, had eight children, and all were educated, although she was widowed as a young woman. One grandfather was also a native American.

In her family's Virginia hometown, the family has always mixed socially in both black and white society, and Kelsey has always had friends from diverse cultural backgrounds. Kelsey grew up in the 1950s, in a stable, ethnically and culturally diverse neighborhood in Northwest Washington, D.C. As was the case with the family still living near Danville, Virginia, here also all the neighbors knew, respected, and socialized with her family. In her family, children were expected to be respectful of elders--and that included "everyone on the block." Children were supposed to be "seen and not heard" when company was present. "We learned a lot that way," Kelsey said.

Her immediate family--her mother, grandmother, and three children--was "spiritual, but not religious," she said; although they attended church regularly.

When Kelsey was only three years old, she is sure that she experienced a miracle: that she actually levitated down a flight of stairs. When she was 10, she heard her minister-uncle describe an out-of-body experience he had during a near-death trauma; and this made her realize, she said, that her early-childhood levitation experience had also been a real event.

Later, Kelsey had two experiences of being outside of her own body. The first happened after the birth of the first of her three children, and the second after a hysterectomy. Immediately following the second experience she was able to repeat accurately a conversation her mother and a family friend were having on another floor of the house. She had, she told them, floated down the stairs and listened to them talking while she was out of her body. In her family, such things were not necessarily considered impossible.

Kelsey felt her childhood and teenage years were good ones, and that she was privileged to have a family situation that shielded her from a society whose racism she would only discover as a young working woman. "In some ways," she said about her childhood, "I lived in a fantasy." She was deeply affected by being exposed as a young girl to African culture and art, and has painted herself for many years. She received her undergraduate degree from D.C. Teachers' College and an M.A. in Education from Howard University.

By 1988, when Kelsey' fall down an open elevator shaft resulted in her "spiritual revelation," she was 41 years old, married, a teacher, and the mother of three children. By the mid-1990s, when we met, it had already been several years since she had broken with her otherwise supportive family's norms, weathered their temporary censure, and then won back their support for divorcing her abusive husband:

I [have become] . . . very independent, self-sufficient. After falling down the elevator shaft, it was very easy for me to leave my husband, especially when he started hitting me. God did not put me

here to be thrown at one end of the field and tossed down the other like a football. God did not make me a fool. And my parents didn't make me a fool. . . .

Her comments demonstrated that her experience had changed her sense of reality and identity in fundamental ways:

You come to the realization that life is about you, totally about you. It's not a selfish "about you," but it's about you. After that incident, I don't worry about trite little things that don't mean much. You find out how quickly you can be snuffed out of here, and all the stuff that you tend to worry about . . . are not important anymore.

The experience also deepened Kelsey's awareness of teaching as her life mission, and the importance of her role in the lives of her young students:

Our job is to grow. I teach the children, you are going to be judged by your character, not by the color of your skin. God wants us, as a people on this planet, to look at the big picture, and not the little tiny picture that we often get bottled up in. We get so bottled up . . . that we don't see all that's happening around us. And then we have to see the big picture not only from everybody's perspective, but the big picture from our own perspective.

Summing up what she had learned, in the seven years since her NDE, Kelsey said:

I know already what this is about. This is not--this is just the beginning of the journey. This is not anywhere near what you are going to experience. I know there is spirit, I know spirit is in me, and I know it's a good spirit, and I have accepted that good spirit. And that

good spirit has told me, I won't leave you alone. But I will leave this body sometime, and will go somewhere else, whether it's straight back to the source, or maybe to another planet in the universe, I don't know. I think God meant for us to taste a little bit of everything he made. And it never stops . . . he needed five billion galaxies, because look at all the spirits we have. They have to go somewhere. I just truly believe that that's what we do. Journey. We journey. We're his hands, and his eyes.

A Knight in a Girl's Body: Alicia's Search for Family and Home

"My life story?" Alicia laughs, "Which one?"

Alicia's first answer to my question, about how she would organize and tell her life story, is laughter. "Gee. Get comfortable," she says. "I know I've had a lot of past lives. And I know I've had two lives in this life." She doesn't remember much about her early years, maybe because they "didn't really matter," she says. "Or," she adds, laughing again, "Maybe I blocked them out because they were so awful!" The first thing she remembers learning about herself, she recalls, is that she was adopted. She remembers herself as a strong-willed, creative, intuitive little girl, the second adopted child in her family, and the one who never measured up. She never felt accepted or at home. There was a little green storybook her parents used to read to her, she remembers, with a story something like this:

Mrs. And Mrs. Brown go to get a baby. And it was all presented like, they didn't want just any baby, they wanted the best one. So they shopped around and shopped around, and finally found this baby that they really liked, and took it home. Which was really nice . . . but I

realized pretty quickly that, they might have originally thought that I was the best baby, but (laughs) once they had me, they apparently thought better of it.

When we first meet, through a mutual acquaintance, Alicia is in her early forties. I notice first that she is a trim, pretty, and professionally-dressed white woman, and that she has a warm and welcoming smile that puts me at ease. I learn she works in association management as a writer and communications specialist. Later I will find that, since her NDE she has progressively devoted more and more time to developing her skills as a writer, a speaker, and a healer, to continue to balance the need support herself as a professional woman with an outwardly mainstream life style, with the need to align her life with what she now sees as her life mission. We have stayed in contact since concluding our first four formal interviews. Those early meetings, each at least an hour and a half in length, took place over a four month period in the spring and summer of 2004. We met, usually at the end of the work week, around twilight, in Alicia's spacious apartment condominium.

The well-maintained, red brick buildings, with their wide, landscaped courtyards, date from the decade just after World War II, when Alicia and I were born. The development is set into the green hillside at the northern end of a rocky, steep-sided creek and parkway, whose valley and tree-covered ridges cut a long, north-south swath of green through the nation's capital city. If you follow it south, you will come to the Potomac River, where Memorial Bridge connects the Lincoln

Memorial and its silent, brooding statue of Abraham Lincoln, to Arlington Cemetery, and beyond it the Pentagon, across the river in Virginia.

I know Alicia's life history narrative needs to be condensed, and yet I find myself instead wanting to keep adding to it. Alicia's life and career have been outwardly more conventional, at least until the last 10 or 12 years, than mine. Yet I think that, in our NDE integration processes, and tortuously back-and-forth, extended integration trajectories, in spite of their different circumstances and patterns, we have struggled equally with the need—or set of conflicting needs—to be socially adequate, as Neil puts it – as females of our generation, in this society. We have both been, and needed to be self-supporting, as women. We imagined we should be as professionally successful as men of our equal-rights-now generation, while just as easily rejecting the conventional female roles they still expected, or else transforming our lives and relationships with(out) them. We were brought up to fit in, and grew up into an era of social change we were part of. Our conditioning and circumstances, as women in these years, resisted our generational ideals, spiritual needs, professional aspirations—and not all of these have matched the changes we have wanted and needed to make in our lives, to accommodate the meaning and sense of life purpose connected with our NDEs. And yet the powerful impact our experiences have had can be seen in the extent to which we have managed to carve out new professional and social identities and “space” (credentials and roles; websites, classrooms, networks, leisure), and the price we have paid for it, during the process of integrating our experiences.

But if I have been comforted by knowing other NDErs are familiar with the sort of tortuous NDE-integration routes we have followed, I have also, at times, been flooded with sadness. For the appropriate roles and status we have struggled to create. For the incredible influence my near-death experienced mother has had; and for the influence she might have had—if, in our world, it actually “meant anything” to have had your reality and identity transformed by an NDE.

Each of our five, formal interviews begins at around twilight, in Alicia’s large, comfortable, living room. I like how she has decorated it, with its serene blue colors, and eclectic mix of Scan and Queen Anne furnishings. But what makes Alicia’s home unusual, even remarkable, is that it is filled with lions. In the living room, the dining room, the bedroom, the home office, even the kitchen and the bathroom—everywhere you look, there are lions—stone lions, bronze lions, brass lion doorknockers, terra cotta lions, lion statues that stand two and even three feet high. There are lions made of resin, large and small glass lions, crystal statuettes of lions, an enormous stuffed lion, lions in framed art work on the walls, lions on calendars, greeting cards with lion illustrations on the desk and dressers.

Later I will learn that the lions, for Alicia, began to have significance after her NDE; that they came to represent the beings of light she met there, as her “real people;” the beings who are guardians of the sacred, esoteric wisdom of the earth. They also represent the Knights Templar, and the extent to which the Knights Templar have come to figure as guardians of sacred, esoteric knowledge in Alicia’s

interpretation of the meaning and impact of this experience for her life, and, as she sees it, for the world.

But as a child, in the socially-striving, conformist, “left-brain” world of her adoptive parents, Alicia found, she was on her own. Her father, a civil engineer, was a high-level, career federal government employee; and her mother was a teacher. Her father clearly took no pleasure in his work as a government executive—Alicia says he came home miserable from work every day, routinely taking out his anger on the family; yet he retired from the same position he had held most of his career.

Alicia describes her parents’ anxiety “to fit in, to seem normal,” as the defining value in her family. In her parents world, it was required that her father, as a professional and the head of the household, keep a stable and appropriate position, and more or less irrelevant that he hated it. And, in an era when a normal American family had at least two children, Alicia’s parents adopted the requisite two, and in the ideal order, first the boy, next the little sister.

Alicia may have been adopted as the finishing touch in her parents’ picture-perfect version of the mythic “ideal family” of 1950s America, but she somehow became a threat to it instead. From an early age, Alicia seems to have shared the counter-culture values and interests of her fellow Baby Boomers which tended to put them at odds with those of their war-weary, hard-working, patriotic parents. She was as much a free spirit as they were rigid social conformists.

Not only did her father disapprove of everything about her, but he also blamed her for the negative judgments about the family which he imagined her presumed

faults were causing. “I realized later he was just terrified most of the time, most of his life,” she says. “But every message he gave me was I was fat, ugly, stupid, incompetent, totally unacceptable, and everything I thought, did, or wanted was like so ridiculous it was laughable.” From both parents, she says, “I got that pounded into me a lot as I was growing up.”

Her parents criticized everything she saved up to buy from her allowance, and she felt they were being mean and tight-fisted. She had no way of knowing until much later, because they never acknowledged it, how much they scrimped and economized to afford the suburban house she grew up in; to fit in, and keep up appearances in their increasingly-affluent neighborhood.

Barely a first-grader, she scandalized her family by getting into an argument with her Sunday School teacher. “I actually have the distinction of having been expelled from Sunday school,” she said. “God, I got punished for that! But I hated that idea that the poor babies who died before they got baptized would not go to heaven. . . . Oh, come on! What kind of a . . . mean, vindictive . . . god would do that? . . . By the first grade I just knew they were really stupid or else they were telling us lies!”

Her adoptive mother died of cancer in 1962, when she was 12. A powerful otherworldly encounter with her mother—complete with a dramatic, real-life verification of its reality—occurred just after her mother died:

She was in the hospital. But the night she died, she showed up in my room. At home. And she said, “Everything will be all right, don’t worry.” And, “I love you,” and, sorta, “See you later.” As soon as she

left, I got up and went out into the living room and said to my grandmother, “Mommy’s dead.” My grandmother just freaked, you know, “Don’t say that!” And the phone rang, and it was my father calling her from the hospital to tell her. So, I thought, okay, I *knew* there was more to all this than they were telling us! I gotta learn more about this stuff, because there’s a lot more here than they’re ever going to tell you in church. So that started me on this whole path of searching.

Even though she continued to struggle with damaged self-esteem from her parents’ early criticism, from family changes that followed her adoptive mother’s death, and from her father’s continued verbal attacks, I think the impact of this otherworldly experience made her surer about the value of her self and her own knowledge. Growing into adulthood in the 1960s and 1970s, the reality of that other world for her was supported by a tsunami-like cultural wave of Baby Boomer interest in spirituality, metaphysics, alternative healing, spiritual growth, “otherworldly” phenomena, even the possibility of a coming global awakening

Meanwhile, three years after the death—and the after-death appearance—of her mother, in 1965, her father remarried. She was fifteen. Though she is close to her stepmother now, at the time, as one of six children in a newly-blended family, Alicia says she hated her. What was hardest about her new, blended family was that all six of the children were expected to act as if this were the only family any of them had ever known. As if “somehow their [her step-siblings’] father had never existed,

and our mother had never existed. And I hated my father for it, and I hated her for it.”

High School and College

When she started junior high school, Alicia enjoyed her small, diverse school. “We had every kind of person there—we had wealthy whites, we had wealthy blacks, we had poor whites, we had poor blacks. And, you know, it occurred to me early on that skin color didn’t make any difference in who you were inside.”

She remembers reading all sorts of new metaphysical and spiritual books, including the Seth books, by poet and trance channel Jane Roberts. The Seth material “rang a bell” for her, as did learning about the Knights Templar in history class at school. “I had this immediate just feeling of total repulsion about the Crusades themselves,” she recalls, “But there was some little reference to the Knights Templar, and it just *stuck*, and I became obsessed with the Knights Templar. Her sense of being different from her family grew: “I was developing this whole view of the world, and this whole way of being, and the gist was not like the way [my parents] were Why didn’t they care about this other stuff, like not junking up the earth? So my whole family thought I was nuts.”

Her father was apparently also worried about her morals, which Alicia found especially hard to take. She was far more interested in psychic and spiritual matters than sex, she recalls, and never even entertained the idea as a teenager that sex was supposed to be part of a normal social life. Instead, “Other girls would sneak out of the house to go on dates, and I would sneak out of the house to go on séances!”

Though going out to find “wild sex . . . would never have occurred to me,” she says, “My father apparently must have been terrified, and sure, that I was gonna go out and get pregnant. . . . And it just drove me crazy. He would accuse me of that stuff, and I would just go off the wall.”

I would end up standing in the living room, nose to nose with him, and him screaming at me, and me screaming right back. I mean, he would come home and hit the house, and every frustration he had at work would come out, usually at me. And he’d be yelling and screaming. And it was always the thing of, my brother could do no wrong, and I could do no right. And he would go ask my father if he could go do something, and, “Oh, sure, you wanna borrow the car?” you know, and for me, I’d say, “Daddy, can I--?” And “No!” So I [wondered] what was wrong with *this* picture, you know?

By the time she hit high school, Alicia said, “I’d spend most of my time in my room, and I would play Leonard Cohen songs all day long”:

And basically I would just avoid my family cause it was just so painful. And my stepsister was this petite little natural blonde who was very pliable and malleable, and of course, she was the perfect girl, as far as they were concerned. And I was like some mutant that had come from some other planet.

If creative and metaphysical interests defined her high school and college years, so did her sense of failing to quite measure up, among her friends as well as her family:

I was really lucky in high school, I was in theater, and I was in journalism. I always wanted to be a writer I knew I was a writer—from the time I was little there was no option. And I met a lot of people, creative people, through that, and that just saved. . . . There were people like me, you know, that I could talk to and hang with and stuff like that. But I still—I kept trying to fit in, and it never—it just, I never did understand why nobody ever asked me out! [She laughs.]

People who knew her then wouldn't remember her as being shy, she thinks, because she "put on a good act":

And, god, I tried so hard, growing up, to fit in. You know, I had the outfits, I had the look. And I never did. And I could never figure out why, you know, like I didn't get dates, you know, and—the only the thing I could think of that could be remotely logical was, my god, he must be right, I am fat and ugly—when I look the mirror I don't think I am, you know, but I guess I am.

Several times during her high school and college years, she enjoyed some degree of recognition and success in her theater and journalism classes or circles. But in several visible and vulnerable circumstances, she was passed over for roles and awards by male teachers in favor of protégés from their "all-boys-club" coteries.

But thanks to a study-abroad program of the small, private college on Maryland's Eastern Shore, she got to take a trip to England that changed her life. But her college did at least offer the possibility of going to Coventry, England. By now, she says, she was an "Anglophile" as well as an English major.. She "was

convinced the trip would be her salvation,” that she would “be going to people who were like me.” But, as it turned out, the trip had its own disappointments. Another unexpected, critical-older-male rejection, by a popular but shallow and mean-spirited rugby player, sent her home early, her tail between her legs. Her fascination with the culture and history of the British Isles remains, and she travels there often. But she ruefully admitted that it took three decades of travel to lift the weight of remorse and blame she carried for being “so dumb” as to cut short that first trip.

I found it painful to hear how powerful an influence Alicia’s own self-assessments exerted over her sense of self-worth, how faithfully they reflected her internalization of the institutionalized social construction of female inadequacy in the world in which we grew up. I found it painful to notice that, for every incident of rejection or perceived inadequacy, by others or herself, which Alicia mentioned, in my own head, I heard in my own head what I imagine, for her, is the same authoritative (white, male, expert) voice saying, “Oh, get over it. Don’t be silly.” And I had, for every one of her stories, one of my own.

At the same time, I appreciate at this point how much we have each overcome to have come this far in aligning our lives with our sense of spiritual mission. And how powerful this sense of mission, and other NDE aftereffects, have been, in steering us toward our aspirations, in spite of our similar and different challenges. In my case, this Ph.D. effort became part of my mission; and if it has taken me until the age of 60 to accomplish it, I started as the female child of working-class parents

(then, at age 10, of a widowed mother with three young children) neither of whom had a high school degree.

For Alicia, after her NDE, there was the need to keep a suitable professional role and steady income (even when she “hated” the job she had)—to “fit in” with her parents’ values—or, in her interpretation, to have the security she required “as a Taurus.” These needs led her to abandon her journalistic and theatrical aspirations, after some administrative, professional-theater work. Also, though she learned as a student teacher that she “thrived on that,” and “did really well,” jobs were hard to find after she graduated. There seemed, at least at the time, to be a “glut of teachers: you couldn’t find a teaching job to save your life.”

At this point, in beginning an association management career track, she had, in a sense, given in—to economic necessity, as well as to her father’s advice, which she had seen as a put-down of her professional potential, when he had advised her to get a nice, safe, career job, as he had.

She also began to re-negotiate the terms of her relationship with her father and the rest of her adoptive/step family. Over time, as she asserted her right to be treated with the same respect her parents showed their friends, her role and status in the family would change. “I was an adult,” she said. “I wasn’t going to take it anymore.” This process accelerated by the increasing self-confidence she began to develop, after her NDE.

Finally, after one head-to-head battle, she stormed out of her parents’ house to her car. She was “flabbergasted,” she says, when her father followed her, asked her

to come back, and promised he would change his critical behavior: “It never would have occurred to me that he would have cared enough to want me to keep coming back.” After that, though he would still slip, and start criticizing her, she would interrupt him, and he would stop.

Alicia says the only time she ever heard her father say he loved her would be after one of their “knock-down, drag-out fights.” She later realized, not surprisingly, that she had a pattern of becoming involved both personally and professionally with critical, psychologically abusive men, including the English rugby player and some of the bosses she has had. Ironically, she had her most “psychotic” boss at a prestigious association of mental health professionals, in downtown Washington. She was working there, in the mid-1980s, when she had her “return-from-death” experience. There, she had developed a group of friends before the NDE who shared her interest in the Seth material, in living spiritually-transformed lives, in working for a healthy, peaceful, just world.

Her brush with death happened in 1985, when she was 35. She remembers that it was a work holiday, Columbus Day—October 25; and that October 25 was also the date her mother had died, when she was 12, and then appeared to her. She was on her way to return some tapes to a video-rental store. It was evening, “starting to get dusky,” when the apparently drunk driver of a Thunderbird, without warning, turned left directly in front of her Corolla. She remembers starting to move her foot to the brake, when, “KA-BOOM . . . it was basically a head-on collision.” The last thing Alicia remembers, before leaving the physical world, to go to the light, was watching

the Thunderbird's driver get out of his car, and come over and reach into her car, and turn off her headlights.

After the NDE, not long after she regained consciousness in the hospital, a police officer showed up, with "a citation for driving without your lights on." And I went, "What?! What are you *talking* about? I had my lights on." And he says, "Well, you know, the other guy said you didn't." As it turned out, the other driver did not appear for their court date, so the charge against her was dropped. But, meanwhile, she said, "I could hardly walk, and I looked like someone had smashed a brick into my face. [And] for weeks, I was thinking, *How the hell am I going to say, 'Look, I saw the jackass get out of his car, walk over, and turn my goddamn lights off?'*"

During the time she was unable to return to work, she found herself wanting to play her guitar. She had learned to play as a young teenager, but had stopped in her mid-20s, about a decade before the accident. Now, she found herself again absorbed in playing, even "fascinated": "Of course, I realized that I couldn't remember how to do the chords, and I couldn't remember the words to any of the songs, but, boy, I was playing that guitar! And it was great. I'd just sit around all day and play my guitar, and sing, and I was just having a good time."

She noticed something else, as well, but found it harder to put into words: "I knew that I felt very different. I mean, I felt like me, but I felt like me [yet also] very different, and I didn't know what it was." Even after she returned to work, it seemed, this *feeling different* only intensified. She noticed that her work friends

seemed less interested in changing the world, or expanding their own consciousness, than in complaining about their jobs.

Apparently, she seemed different to her friends, too. One friend kept telling her she seemed so different that she was like a different person—as if, during her near-death experience, another being had taken her place, and the “new” Alicia had been replaced by what psychic Ruth Montgomery labeled a “walk-in.” Alicia rejected this idea. She felt different, but she also knew she was still herself. So was her father, obviously: “When I told him about my near death experience [he said] , ‘You believe in that crap?’”

But she *was* different. There was a new urgency to understand and honor her own creativity, a new sense of purpose that challenged her. At first, she struggled most because she was no longer willing, or even able, to stay in a job she hated. Frustrated by a lengthy job search, she sought counsel in making a career change from a medium, recommended by a friend, who channeled an entity named “Orion.” Eventually, after a false start or two, she was able to work up the courage to leave that job, by signing on with a temporary-office-help firm while she searched for a new, permanent position. And, by this point, even when temping took her back briefly to a lower-level clerical position in her former “dysfunctional” boss’s office, she found she could hold her head high.

Having found a new source of support, in Orion—and Elizabeth, the woman who “channeled” Orion—Alicia now began to trust and act, with less hesitation, on the intuition she had sensed in herself since childhood. She spoke proudly of how

she had even once deflected an offer of “the perfect job,” because she felt it would be wrong for her. During the time it took her to sort out professional priorities, and locate the more suitable, and comfortable association-management position which she still holds, she continued to look to Elizabeth and Orion for guidance, as she still occasionally does. The bigger question that remained, for her, was: Why hadn’t she stayed with her “real family” in the Light? In the middle of vehemently insisting that she was not willing to return to the physical world, why had she suddenly found herself back here?

They were my people. They weren’t exalted, like God or anything, but they were mine. I was them, we were kindred. It was more family than I have ever experienced on this earth, with anybody that I was quote-unquote related to. And that was part of my joy [in being in the Light]: I’m home, I’m with my family. You are not gonna send me back. You’re not gonna heave me back down there with all those strangers who hate me, and persecute me, and are mean to me, and don’t understand me and love me.

This aggravated me for years. Because I knew—maybe just cause I’m stubborn as hell--that I was the one who had made the decision to come back. And there was nothing that I could possibly imagine that would have made it worth it for me to say, okay I’m going back. There was nobody who could have made me come back except me, and I knew that, and it really disgusted me. Why did I do this to myself?

Alicia felt sure that the family she recognized in the Light must have given her—along with the new sense of universal understanding she had gained, and the foreknowledge of certain future events—good reason for coming back. But she didn't remember, and couldn't imagine, what it might have been.

Seeking clarity about this, she started taking classes from Elizabeth—who, interestingly, had herself located a daughter she had earlier given up for adoption—and they became friends. She felt empowered by the channeled Orion sessions, not only during the process of changing her professional life, but in connection with other areas of her life as well.

Orion and Elizabeth helped her disengage, fairly easily, and without self-doubt this time, from one more romantic relationship with a man as critical as her father. Until then, she had always faulted herself when a romantic relationship ended. Now, when her boyfriend told her “that my feet weren't soft enough”—although her immediate reaction had been to go out and buy foot cream—while she was slathering the cream on her feet, she had a sort of revelation: “My feet aren't soft enough for *what?*”

Elizabeth was also instrumental in helping Alicia enter a new phase in of understanding her beings—her real family, in the Light—and why she chose to return to this world. For no apparent reason, Alicia recalls, starting with Elizabeth, “People started giving me lions.”

The Pride Appears in This World

Alicia has a cat—named Cosmo Topper, in fact, after the ghost detectives in the 1950s television series. But she never collected them. She certainly never thought of herself as a “cat person,” she says, with some firmness. But, suddenly, it seemed, people started giving her all sorts of lions. “I mean *everybody*,” she says. She was baffled. “They’d say, ‘Oh, I saw this, and thought of you,’ and I’d look—and it’s another fucking *lion*.”

Wondering whether lions might be her “totem animal,” she read about animal totems in indigenous cultures; and she watched television documentaries about lions, and once, at a circus, felt “enraptured” by a giant lion. Meanwhile, the lion gifts kept coming. She began to feel comfortable that she had some connection with lions. At some point, she became aware of *feeling* them, sometimes, feeling a pride of lions surrounding her. She began, now and then, to catch glimpses of them. Just the barest translucent, shimmering outlines of them, rippling the air; or the merest sensation of them, surrounding her, brushing against her legs as she walked.

Finally, she happened to notice a card in a store with an illustration by artist Suzanne Seddon Boulet, of a regal woman with the head of a lion:

I almost fell on the floor, my knees completely buckled when I saw this. Because, at that moment, I suddenly knew what those beings of light look like, that I talked to in my near death experience. [During the NDE] in my mind, I could see these beings of light, but I couldn’t see any features. They were just these beings of light, and that was all. I saw my relatives, and I saw their faces; why couldn’t I see these faces? But I just couldn’t see them. And now, all of a sudden, it was

almost as if I went back there for a second, and sheets were pulled down, and I *saw*—that they were lion people, and . . . that I was a lion person. [Before this] it was, like, I knew they were my family but I didn't know that I was *this*.

After this incident, Alicia began learning, from Orion and various esoteric traditions, that different races of beings may have human incarnations. Her people, she believes are “light anchorers,” more evolved beings who, when born as humans here, are “planting” light here, and “modulating it down.”

All this helped, but by the early 1990s, Elizabeth had moved out of state, and Alicia had by now written but not published two novels. Though Alicia knew she “had come a long way [in] knowing who I am,” and had new tools and new knowledge, she began to feel stuck. “Who am I kidding?” she wondered: “I still have so much emotional crap . . . I'm not making any headway at all, and the world is going to hell in a hand cart, and my life is going to hell in a hand cart, and . . . its just hopeless.” Finally, she started seeing a psychiatrist, and taking an antidepressant, which helped her. But what most helped her “snap out of it,” she thinks, was a trip she took to England and Scotland in 1996.

In Scotland, she found another key piece to help her connect the dots of the identity she found in the Light: she realized that the lion people had been instrumental in founding the Order of the Knights Templar. She began to recall lifetimes as a Templar, sharing their mission to keep and protect esoteric knowledge, not just about Jesus and Mary Magdalene, but from all the world's wisdom and religious traditions. After being declared heretics in the early 1300s, she had learned,

the Templars had vanished, along with their mysterious treasures. So while in Scotland, she visited the last legendary sites associated with the Templars, like Rosslyn Chapel. There, she felt her invisible pride of lions around her; apparently, they “loved Scotland”. She felt a deep sense of familiarity when she saw Castle Dunvegan, and the legendary Fairy Flag that hangs there, the flag of Clan MacLeod: “I wanted to get down and kiss the ground. . . . I felt like I had really, really, really come home.” She felt certain her real family had ancestral roots there.

After the trip, Alicia wrote a letter to the Clan Chief about her experience at the Castle, and about her unknown family history. She was thrilled when he wrote back welcoming her into the Clan. Now, she had a tangible connection with real-life ancestors, she felt; and there was more to come. First, she connected with a real-life brother, and a niece; and learned family secrets that eased the sting of having been given away as a baby. She not only fulfilled a childhood longing to “stare into a face that looks like [mine],” in this meeting, but found a loving sibling: “Within minutes we were finishing each other’s sentences.” Second, she also moved into a new role in her adoptive family, with the death of her adoptive father. When he was in the hospital, near death, in 1996, she had consciously worked with his spirit, helping him and the rest of her family to let go, while he was leaving his dying body.

While her current association-management job may reflect her adoptive family’s values, it also supports the work she does as a member of her “real family,” the family of light. Her new website describes her private alternative-healing practice; and the different kinds of healing work she does. It lists her upcoming talks

and workshops on esoteric Christianity and the Knights Templar, and describes her creative work, as well. Her regular job also allows her to continue her travels to sacred sites and spiritual gatherings around the world. She has also revised one of the novels she has written, a children's story. The book is about a little girl who didn't fit in, until she found the key to the magical world where she belonged.

She has a sense of having been born into her current life to help prepare for the coming of the "indigo children" as she calls them—children with psychic, cognitive, and creative gifts, born since 1980, whose abilities herald a global consciousness-shift. After her NDE, she had dream experiences of being a teacher and guide for the Indigo children; and later she began to attend conferences and tours where she can interact with these young people. Her children's book was written for them. In a sense, in identifying herself as their mentor and elder, and seeking them out, Alicia is finding her way back to the teaching role she loved.

Things are going well, and her life is full. Of course, Alicia acknowledges, when she recalls her journey to the light, "I still get depressed sometimes." After all, she says, "You can't go to a place where the energy is unconditional love, and then come back here and be happy about it!"

Eric's Two Drownings and (Almost) Unchanged Life

*It's three miles to the river
that would carry me away.
In three more days, I'll leave this town
and disappear without a trace.*

Eric Clapton, "River of Tears"

Eric chose his pseudonym in honor of his favorite guitar player, Eric Clapton, who is also a favorite songwriter of mine. But, although he played “a little guitar” during college, he hasn’t played in years. In spite of having had two drowning-related NDEs by the end of his college years, however, Eric still likes to be around the water. Since our formal interview sessions ended in 2006, in fact, Eric and his wife Barb have moved to the west coast of Florida, and are thinking of buying a boat.

They sold the split-level home, in an affluent, tree-shaded, suburbs, where we met for interviews. They are both enjoying early retirement from careers as educators in the same public school system. Their oldest son, Rick—the young neighbor of mine, who introduced us—was helping Eric, with some interior and exterior home renovation, during the summer of 2005 when Eric began telling me the story of his life. Eric took afternoon breaks from his remodeling project, so we could meet; and often Barb joined us. I would find that having information about Eric, and the family, from his wife’s and son’s perspectives would add some depth, and some complexity, to Eric’s life story.

Eric had the first of two, remarkably-similar, equally profound NDEs as a child, I learned during our first interview. Ordinarily, based on my selection criteria, I would have eliminated him from consideration as a core participant at this point, and included him as one of the background participants. As indicated here, and discussed further in the next chapter, I kept him among the core participants instead.

One reason is that he didn’t seem to be like me—to not have memories of his life *before* the first experience. His memories of childhood were hazy, but they

existed; whereas my selection criteria were designed mainly to avoid informants who, like me, had *no* memories, no life history prior to their NDE, so nothing with which to compare their post-NDE lives. If anything, the “arrested” integration of his experience—except for his having lost the fear of death—made him seem distinctive, and thus interesting as a core informant, because he had so little to say about his life *after* having had an NDE.

At our first life-history-interview session, I started by reminding Eric of the life-history question I had asked him to think about, in advance of our meeting. That is, if he were telling or writing his own life story, how would he organize its chapters? In response, he said he would probably “set it up chronologically,” organizing the chapters around where he had lived at different times. The first chapter would apparently cover Eric’s life “until about finishing first grade, when I lived in Western Maryland;” and the next one would focus on “when I lived in Baltimore County, through high school.” Then Eric stopped, as if he had answered my question fully. He may have thought my life-story question was more-or-less rhetorical, that I was merely curious about how he might go about organizing the chapters of his life story, not really asking him to tell it. He seemed to be waiting for me to ask him the next question.

So I asked about what memories he recalled, of his parents, and family life, from his pre-school years. “It was pretty dysfunctional,” he answered, again as if this is all he has to say on the topic. But this time, instead of waiting for me to ask him another question, Eric switched topics, from the first (or only) two chapters of his life

story, to the two times he drowned. The second account includes a lengthy description of the friend's family he'd been boating with, when he drowned; and of the friend's cardiologist father, Dr James, who considered Eric "practically like his adopted son," and who was not at all sure he would be able to resuscitate Eric, though, finally, he did. Later I discovered that Eric's drowning was precipitated by an error in judgment on the doctor's part.

To my question about what Eric meant about his family being "dysfunctional, Eric says simply, "It wasn't exactly an Ozzie and Harriet household. I raise my eyebrows, nodding for Eric to say more. "My father was very dissociated from us," He says. Then, after another beat, "My mother worked, back in the time when mothers weren't supposed to work. We weren't a very close family." I wonder, and ask him, how he figured that out. "I saw different families, and how they react to their children, how the husband and wife react to one another," he says. My parents—I can't remember them ever taking us anywhere, as a family. We weren't like a family at all.

"How else were they different?" I ask, "Can you remember any more examples?"

"The doctor—Dr. James?" he says, making sure I remember. "Well, it's ironic. I used to kid about him, if I ever had the opportunity to choose my mother and father, and the family I grew up in, I'd have chosen them. There were six kids, and the teenagers brought their dates home. They'd go out on the boat, go camping together. He and his wife did almost have an Ozzie and Harriet kind of marriage."

Eric obviously had a harder time telling me about his immediate family than talking about the later, “adopted” one. His account of his childhood years, mainly in the form of brief answers to direct questions, also made his family’s circumstances seem less dire than Barb later characterized them.

Both his parents were from western Maryland mining families, “who made good money,” at least until the mines closed, Eric said; and they “managed to get by afterwards.” Those who stayed in the area perhaps had to settle for “menial” or “custodial-type” jobs as a result, but “they weren’t poor, or struggling.” They all had “stand-alone houses.”

But his parents were still in high school when he was born in 1943. Their marriage was arranged by their parents. But Eric thinks his father, considered a “catch” in high school, always blamed his mother, for “snagging” him by getting pregnant. She had to drop out of school, and never graduated. Though his father tried to run away the day Eric was born, he was retrieved. After graduation, he started working as a door-to-door milk-man.

The family lived near his parents’ families in Frostburg, in western Maryland for his first five years. By the time he entered first grade, Eric told me, the family lived in a nice house in one of the better neighborhoods in the mainly working-class community of Dundalk, in Baltimore County; and his father” bought a new Buick every year.” Eric sounded proud, telling me how quickly his father became a success as a district supervisor, in his company’s expanding wholesale-dairy business.

But his family was not a happy one. Eric acknowledged that his father was a life-long alcoholic. His family could easily have lived on his father's salary, as Eric recalls it. But, always resenting his mother's "trapping" him into marriage, his father wouldn't give her enough money to run the house. So, he says, his mother had to be out working, in various, low-level office jobs, most days, while he and his younger brother were growing up. His father was supposed to be home by the time Eric and his brother Jay got home from school. But he was always at the neighborhood bar, or passed out in the bedroom, instead.

What stands out as the most positive aspect of Eric's childhood is his role as the pet of his father's six sisters. To the family's unmarried aunts," Eric was the favored nephew. His brother, unfairly, he acknowledges, was left at home in the city while he spent summers, even Christmas holidays, with his aunts and his other Western Maryland relatives.

He obviously relished the time he spent in this more emotionally nurturing and economically stable environment. His aunts "were all old maids, none of them ever married; so I was the kid that they didn't have." One of the aunts was a nurse, so he got to spend an entire year with his aunts, after a botched, near-fatal appendectomy. Then, purportedly to keep him from having to repeat the seventh grade at his Baltimore school, because of his illness, he stayed with his aunts another year, and completed eighth grade at a school in Frostburg. One of his aunts, Eric said, was an educator, and she "pulled some strings," mainly, he thinks, to keep him there another school year.

There was no doubt he preferred being there. “I was spoiled rotten. [After the appendectomy] I would have all these little old ladies up there, all fawning over me, feeding me all my meals in bed.” They gave him best bedroom, with the best view of the neighborhood goings-on. He could stay up late reading. There, Eric “had friends, from the summers [he] stayed up there.” During his lengthy recuperation, he “could have them come up anytime.” No other kids he knew had TVs at the foot of their beds. “I had a radio, and had lots of stuff to read, and I sent away for all kinds of things—“technical stuff,” like free, introductory, radio-repair lessons. The mailman was always dropping off some big box of stuff I’d sent away for.” If his real home was not one he could bring friends home to, his aunt’s house was like a dream come true. In this part-time home, Eric was proud to invite his friends to visit.

It didn’t seem too surprising that he, or any child, would be glad to exchange his life at home—at least during summers and holidays—for this. But it seemed sad. I wondered if he ever missed his family; and if they came to visit him when he was away for long periods. His parents and brother visited, he said, but not often. “It would have been hard,” with his father’s six-day work week. “Frostburg, in those days, was a long drive; there was no interstate. It wasn’t the kind of round-trip drive you could easily make,” with his father’s work schedule. Even if you could, Eric reflected, “I don’t think they particularly wanted to come up, especially—I mean, they didn’t come up all that much.” “But,” he insisted, “I was perfectly happy with that.”

Eric knows his brother Jim still resents their aunts, their parents, and him: “As I got older, Jim and I talked about it. I got angry with them, too, as I thought about it. I wondered: Why did you do that to my brother; why is it that you pick me? How is it I won the lottery, I was the chosen one, and not my brother? We still make no sense out of it.”

His brother doesn’t want his children to have any contact their father’s family. He questions why Eric would want his sons involved with relatives so “weird” that they would rescue one young nephew from dangerous circumstances, while at the same time deepening the suffering of the other, even younger one. Eric doesn’t address this question directly. He shakes his head, looking bemused, acknowledging that he knows the four remaining “old maid” aunts are doing the same thing, with his two sons—continually choosing the older one, Jay, as the favorite, always ignoring the younger brother, Rick, as if he doesn’t exist.

When Eric is called to check something downstairs, Barb, who has overheard Eric’s last remarks, offers some comments. Eric doesn’t realize how stuck he, himself, is, in these unhealthy family patterns, Barb says. He’s doing the same thing to his sons that the aunts do; he makes Jay the good one; Rick the one who never measures up. This matches occasional comments Rick has made to me, about his relationship with his dad.

Barbara thinks Eric has difficulty clearly remembering his childhood, or recognizing his family’s persisting, dysfunctional dynamics, because he hasn’t yet acknowledged, or begun to heal, the emotional damage he suffered in early

childhood. Consequently, his memories of childhood, like the knowledge of the damage his childhood caused, remains out of focus. It's no wonder, she says; no one could have escaped the effects of having parents so unpredictable, so cruelly neglectful as his. Because of his childhood, in her opinion, Eric "lives in an unsafe world," driven to "set rules and standards to make his world feel ordered and safe."

I had noticed how vague or elliptical Eric tended to be, about the events and circumstances of his life, especially of his childhood; and also that he invariably had to check with Barb to be certain which life events, even early-childhood ones, happened in what order, and in which years. Besides leaving him with hazy memories, Barb thinks unrecognized, unresolved, psychological issues make Eric tempted to smooth over things he does recall about his early home life. To illustrate, she translates Eric's descriptions of "better neighborhoods" and "stand-alone" houses as references to trailer parks, at least through his first year or two of elementary school. His father was, as a working man and family provider, at least, a functioning alcoholic. But Barb says, his mother was actually even worse. She was more likely to be "out cold" than "out working." Eric and his brother were subject to the whims of two alcoholic parents, not just one, according to Barb.

She confides she managed to get the family into counseling for awhile, as she recognized the toxic effects of Eric's childhood on the whole family, especially their sons. He has a "rigid" need to seem acceptable in other's eyes, to look successful, to do the right thing, as a result of his emotionally-damaging childhood, she says. His childhood froze his emotions. To protect them against thaw, perhaps, he developed a

military persona, a take-charge mask of competence he puts on, to seem logical and right, at least to himself, when he needs to feel he can control his family. This by-the-book, black-and-white inflexibility, Barb says, has done the most damage to their sons.

Barb's insights, obviously shared in confidence, made sense to me personally; but put me on unknown turf, as an ethnographer. How could I ask Eric, or Eric and Barb, to review the life history narrative I was trying to knit from our interview transcriptions, as I had already done, or planned to do, with the other narratives in this chapter? I now had three narrators for Eric's story, or else just one, plus two color commentators, all providing different layers, or alternative views. And not everything was tidily contained in the interview transcripts. Sometimes a sidebar comment dropped into an otherwise unrelated, neighborly chat with Rick. I overheard him a couple of times talking to his parents on his cell phone. Rick's Mom, if Rick hadn't phoned for awhile, would sometimes give me a call, as his next door neighbor. Rick had grumbled now and then about his Dad, long before Eric's name had come up as a potential research participant. I tentatively decided to call Barb, and ask her what she would do, in my place. I hoped she would agree to review this account, then find a way to show it to Eric, that would not make him feel like an ugly bug under a microscope, but rather motivate him to give me some feedback, let me know when I was or wasn't accurately interpreting what he meant, but accurately, not just say anything he didn't like was wrong. Although I hoped there was a way to do this, I couldn't imagine what it might be.

When Eric comes back upstairs to rejoin Barb and me, he picks up his narrative where he stopped, grumbling about how his aunts' unfair and divisive treatment of him and his brother is repeating itself in their treatment of his two sons. One of his aunts "is a nurse who graduated from Johns Hopkins; she ended up teaching in the school of nursing there." Another aunt has a Ph.D., "in early childhood development, from the University of Maryland. She taught one of my classes, when I went back there to graduate school. You would think at least those two would know better." If he thinks he should be doing anything differently himself, as a parent, to resolve this situation, he doesn't say so.

At any rate, after the two years he spent with the aunts in Western Maryland, when he returned home, he was in the ninth grade. He had somehow mistakenly associated his first drowning with an earlier grade, maybe the fifth or sixth, I noticed He's a bit surprised to realize that it hadn't happened until early spring of the year he came back from Frostburg. But, that settled, he recalls that, as in earlier years, after school, he and his brother and their friends would often meet at nearby Bear Creek, a wide, deep backwater of Chesapeake Bay. It was the first warm day, Eric recalled, when it happened. Or the first day a group of teenage boys might convince themselves it was warm enough to go in swimming.

"There were three or maybe four of us," Eric recalled. "Somebody—it wouldn't have been me, I wasn't much of a swimmer—but somebody said, Let's swim to the other side—it was about a quarter to a half mile across. The other guys

made it and I didn't." A friend's father, fishing not too far away from the boys, rescued Eric.

Eric said that, as far as he could recall, there were no significant differences between his first and second drowning experiences. Except that, the second time, the friend's father who rescued him would be a cardiologist. So the next time, he would have confirmation that, as he had been floating up and away from his body, his body had been, at least briefly, "really dead."

One thing he remembers that was different about the first incident was seeing images, scenes of his earliest years, he thinks. Both times, the main feeling was the sense of peace, calm, not particularly wanting to go back. He remembers having both times a sense, not a real barrier, but more like a "psychological bar," and knowing that "once he went that far, over that bar, or that edge, there was not gonna be any coming back," and he recalls that this idea did not concern him at all. "That was okay with me I was fine, both times. I wasn't trying to do anything to stop that from happening."

Eric says, of his high school days, that he was "kind of a hoodlum," like his buddies. He didn't really get into trouble, he just wasn't one of his school's clean-cut, preppy, college-bound types. So he was surprised, when he joined the Army right after graduating, as he'd planned, to discover that his aptitude test scores were so high they qualified him for officers' training. Unexpectedly, his military service got him thinking about going to college. Meanwhile it undoubtedly gave him new

skills, and new confidence in himself, as he worked and traveled in Turkey and Germany, as well as the U.S.

As soon as he got out of the service in 1964, he started college at Frostburg, where he met his first wife. They both transferred to the University of Maryland; and, by the time he got his undergraduate degree there, he would have a new wife, and a new, “almost-adopted” family, to go with his new future, as an educator. And he would have died again, the same way as he had the first time.

During college, Eric began working part-time and summers at an Annapolis yacht club, and discovered he enjoyed working on boats, especially sailboats. Apparently, he joked, drowning hadn't given him enough sense to stay away from water. In fact, he made extra money crewing for local races, or during off-shore sailing trips up the coast to Newport and back. Through his girlfriend, Eric had become friends with Dr. James, of the “Ozzie and Harriet” family Eric had wistfully described to me, before. Soon, Eric was doing some crewing for Dr. James' brother, during races; then some crewing for weekend parties on the doctor's boat, too.

In no time, the young man's competence, his need to fit in, within an unfamiliar and probably uncomfortably rarified social context, and his forthright admission that, if he'd had his choice, he would have chosen Dr. James as the ideal head of the ideal family, must have earned some warmth and trust, even affection, from the clearly much-looked-up-to older man, as it did the rest of the family. Very quickly, the doctor was regularly paying Eric well for crewing, introducing him to other guests as his “right hand man” on sailing trips. Finally the family even gave

him, in exchange for being the live in companion of the doctor's aging father, a rent-free suite and the run of a gorgeous house in one of the city's most long-established wealthy enclaves.

The affection of the doctor and his family, and their circumstances, must have had a fairy-tale like headiness for Eric, I thought aloud, to Barb. She agreed that Eric seemed infatuated by being allowed into a family so totally unlike his own, more than by the first wife who introduced him into it, as far as she could tell.

By the time of Eric's second NDE, he was not only crewing on their sailboat, he was spending a fair amount of his free time with the family, too. He remembers feeling, much as he had during the first drowning experience:

A "sense of peacefulness, of contentment, sort of an acceptance, of whatever happened, like maybe this was just my time. The rest of what had happened in my life up to that point didn't matter. I didn't think about friends. I didn't think about family, saying goodbye to my mother, or my girlfriend. None of that business came to my mind. I was ready to move on to this next part of my life instead of the first part. It was just like you're not taking any baggage with you. It's like, when it's done, it's done. I was kind of rising up, and I would assume that you would continue to keep moving away, you know, up and away.

Barb also remembered his telling her he had drowned to death, long before either of them had ever heard of NDEs. Having learned that Eric had never sought out any information, or read anything, about NDEs, and had only recognized his

experiences as NDEs because of Barb's interests, I wondered if her knowledge of NDEs had influenced his account, or memory, of his experience.

Specifically, had he mentioned, before learning his experience had been an NDE, that he no longer felt afraid of death, as my mother had done? Or had his comment been triggered by something Barb had first said to him about NDEs? According to Barb and Eric, he had come to this realization on his own. When he first told her about having drowned, he had emphasized how floating above his lifeless form had left him unafraid of death. Later, Barb said, when she was reading Moody's book, it was this specific aspect of Eric's experience which easily allowed her to identify it as an NDE, even though it lacked elements of other NDEs in the book.

After Eric's near-fatal accident, the doctor told Eric how worried he had been that he wasn't going to be able to resuscitate Eric successfully. The doctor was so remorseful about what he admitted was his own "stupid, stupid mistake," that he later wrote an article about it, Eric told me, which was published in a popular sailing magazine. The article told the story of what happened, Eric recalls, and the lessons the near-tragedy would never again allow the doctor to forget

Eric "didn't tell anybody [about the experience] for a long time either. Because it seemed a little bit nutty to me, the whole thing, you know. I mean I didn't know even what it was." He hadn't talked to anyone about the first NDE either, but not for the same reason. "That one I had to keep quiet about, because we played

hooky from school, we weren't supposed to be out there to begin with. My parents never even knew about that one.”

Eric remembers most about the event, or talks most about how awful his doctor-friend had felt about what happened, even long afterward, not just at the time. If Eric sees, in Doctor James' persistence to save his life, only a father's love for his “practically adopted” I wondered whether, perhaps, his need to keep the older man above criticism, as his “ideal father figure,” might partly account for his view.

Whether or not the doctor and Eric had the degree of father-son connection Eric craved, theirs was clearly a senior-junior relationship, sometimes an employer-employee arrangement, not one between peers with equal power and status. I'm not convinced Eric's life was the only motivation for the doctor's persistent efforts to resuscitate him. What about Eric's death? He immediately acknowledged the stupidity of what he had requested Eric to do the day of the drowning. Had he not known, at the time he made the request, how risky it was?

Eric, at least, never even hinted that he blamed the doctor for what had happened. During our interview sessions, Eric never refers to the “stupid mistake” as only being the doctor's. When Eric talks about the “stupid idea” to have him take pictures of the boat from the unstable dinghy, he tends to characterize it as “our” stupid idea, “our” mistake, the bad move “we” made, how “both of us” knew better.

Eric and his fiancée married soon after this second NDE. “In 1966, or 67, something like that,” Eric said, after consulting with Barb. Whenever it was, they had “a very big, formal wedding—top hat and tails.” The officiating minister, Eric

mentions, later became the chaplain of the U.S. Senate. His first wife taught elementary school during the time they were married, while working part time on a masters degree. He taught 12th grade English for a year, then his military benefits paid for him to go back to school full time for a master's degree in library science. With his M.L.S., while still in his 20s, he returned, as a librarian, to the public school system where he'd started out teaching.

But, by the time the couple had picked out a young-family-sized house to buy and moved in, Eric said, "our marriage started coming apart. We were married for seven years so, maybe around '74, '75, I guess, we got divorced." He was glad the couple had not started a family. Not having children, he thinks "actually made the divorce pretty easy." Eric thought the two of them had simply grown apart, after they married.

Barb reminded Eric that, though he stopped drinking and began attending a 12-step recovery program after his divorce, his first wife has continued to drink heavily. Their relationship, she implied, had depended on having their larger, shared social context more than on their feelings for each other. Barb saw the union as simply Eric's "ticket out of his family's circumstances," and toward a level of accomplishment and financial stability he'd always craved.

Meanwhile, he and Barb had known each other, and each other's spouses, for years, as colleagues in the same school system. Their paths crossed often, as their professional roles, and personal lives, changed through the years. They became friends as they were both going through the process of separation and divorce. By the

late 1970s, they were seeing each other regularly. Until Eric had stopped drinking, Barb did not see a future with Eric. She had fun with him, meanwhile, rather than trying to change his behavior. He stopped drinking, and began his recovery, on his own. But, even then, they were both sobered by failed marriages; and so they lived together for several years before finally getting married in 1980. Jay was born three years later, and Rick arrived three years after Jay.

Though they “weren’t particularly religious,” after the boys were born, they became members of a Methodist church, as Eric’s parents had been; and had both boys baptized. “We kind of went through that thing, as I think a lot of people do with the kids, when the boys were little,” Eric said. “We started with the Sunday School thing, and we went to church every Sunday,” Barb adds. “Then,” she says, grinning, “We realized we could drop them off in Sunday School, and go off and have a cup of coffee. [We all laugh.] And walk back into the Sunday School room an hour later, and take the kids, and nobody was the wiser.”

Overall, she thinks, given his terrible childhood circumstances, Eric has done better than most people would have. He overcame alcoholism, for instance; and he was the first in his family to attend college, let alone get a graduate degree. They both had good careers, holding increasingly responsible positions, as educators. They had a nice house, in a good neighborhood, where they made a stable home for their boys to grow up.

After retiring from the school system, both Eric and Barb kept working, until moving to Florida. Both held public-school-system-related jobs. Barb worked for a

textbook publisher; and Eric joined a software company which offers products for librarians in public school systems. He was promoted into successively higher-level positions, eventually overseeing the training of the library staffs of the school systems which use his firm's library-management software.

When I asked Eric what significance his NDEs have had for him, he said that the only impact he could identify, right after the second one, was his realization that "death is nothing you need to fear." He doesn't remember having any thoughts like this after the first NDE. Over time, he said, just this one thing sticks out:

I think probably the ongoing thing is, it makes you not afraid of death. I don't know that it answered every question I have about death, but it [showed me] it's not a bad thing. It's very restful, it's peaceful, it's not something bad. [What do you think happens after death?] I'll probably hear that loud tone, and see the light, only this time I'll keep going. Somehow it was interrupted each time. Next time, I'll just keep going. Maybe that's what it is, maybe you do just keep drifting, somehow. I know I'm going back there. There'll be day, you know, when I'll go back there. I'm not looking forward to it, or I'm not counting the days or anything. I don't know what happens after what I remember. I don't. But I do know that I'll be heading back there sometime.

Eric doesn't recall, he said, what he believed was going to happen after he died, before he had experienced it, or ever thinking about it much until the second NDE:

Now I think [death is] almost like another state you enter. It's only been the past few years that anything's been written about it, that I've

seen [sic]. My wife has read a few things. I just didn't seem to have any desire to pick them up and read them, for some reason. It's kind of funny, I guess.

Eric's lack of interest in Near-Death Studies, and his awareness of having lost his fear of death, are perhaps the only characteristics Eric has in common with the other study participants, as a group. Otherwise, during the time I have spent with him and Barb, it has come to seem to me that Barb has interests, spiritual beliefs and values, and the kinds of "paranormal" experiences and out-of-thin-air insights into others, that make her seem more typical of the participants in the study than of the participants' partners and spouses I've gotten to know. Her experiences and interests, not Eric's, led to their discovery, ten years after his second "after-death" encounter with the Light, that both times Eric drowned, the mysteriously-powerful experiences he described have been recognized, in medical research, as "near-death experiences."

Barb reminds Eric how this happened: "I was reading, I was reading, asking you [Eric] questions, like you are [she nods toward me], and you had no knowledge of what was in that book. And you sat there telling me stuff like, just like in the book—my hair stood up on end. And I said, well, this is very interesting, we have, you know, definitely we have a pattern here."

If not for Barb, he might never have learned that millions of other people have had the kinds of experiences he did, or discovered that the impact of his experience, though he noted only one, is the one most often described by other experiences. Eric is aware, too, that the great majority of other survivors of NDEs report being affected

much more profoundly than he was. It seems to bother him, at least as he reflected on his experiences during our times together.

“It puzzles me,” he has said a few times, that he doesn’t know why his experience hasn’t been more significant, or made him more interested in learning more about NDEs. “It’s puzzling,” he thinks, that NDEs affect most people so much more than his did. “I don’t understand,” Eric admits, why his NDE had so little effect on him. He says, “I’m surprised at how little interest I have in it, or had in it.”

I wonder whether Eric mainly feels safer, as long as he has to maintain his social status and normalcy in the “real world,” staying further back from an edge which, he has no doubt, he will cross again, one day. But he doesn’t see any social value in visiting it now. Will it make him seem more normal, make others see him in a better light? I wonder if these are the really frightening issues for Eric, not what happens after death.

I caution my students not to write life-history papers whose theses are actually psychological diagnoses, not cultural descriptions; and yet I find myself close to doing the same thing with Eric. Finally, selecting Eric’s narrative helped me choose, in trying somewhat to represent the range and variance of all ten core participants’ accounts, the seven narratives for this and the preceding chapter. Two narratives, John-Paul’s and Nagual’s, were like Eric’s, in including similar, and perhaps even more severe, psychological and diagnostic complexities. Both John-Paul and Nagual had described early-childhood and ongoing abuse and/or serious, perhaps criminal neglect, by alcoholic parents, which sounded at least as severe as Eric’s. While Eric

had stopped drinking a few years after his NDE, however, both of the other two were self-admittedly, actively abusing alcohol and other, illegal substances.

So all three informants' accounts are important for discussion in the next chapter; but, among the narratives in this and the previous chapter, I used Eric's story to represent Nagual's and John-Paul's as well, without perhaps making their common elements seem more significant than it may be. In these chapters, Eric's narrative, along with Kelsey's, also represents Camille's account, interestingly. Camille's and Eric's NDEs are strikingly similar, not their lives, paradoxically; while Camille's and Kelsey's NDE-integration and life history narratives share marked commonalities.

At any rate, like Barb, I admire Eric for making the positive changes he has made—for giving up alcohol, finding careers he did well in, ending an empty marriage and finding someone who admires and loves him as Barb does.

She and I agree that perhaps, whether Eric sees this or not, these kinds of healthy changes, especially his choice to marry Barb, might have been influenced by Eric's NDE. He may not be able to identify the value shifts involved in his decision to divorce his first wife, and pursue a relationship with Barb.

Does this help explain what so puzzles me about the two of them—how much more Barb seems like the “typical NDEr” in this couple than Eric? Why Eric, who is so unlike the other NDErs in this study, wanted to marry Barb, who is?

Chapter 5: NDE Impact, Aftereffects, Integration Patterns and Unmet Needs

Of the questions left unanswered after three decades of medical-scientific Near-Death Studies research, those related to NDE aftereffects and NDE integration are among the most pressing for experiencers, their health-care providers, and their societies. The question is not whether or not these experiences have characteristic patterns of profound aftereffects. Evidently, as chapter one indicates, they do. But NDE aftereffects are often not addressed, let alone explained, by medical-scientific explanations, and/or other scholarly interpretations of NDEs in Near-Death Studies literature.

Two near-death experiencers who have made substantial contributions to the scholarly study of NDE aftereffects and integration issues are P. M. H. Atwater, who has led the field in this regard; and sociologist Cherie Sutherland. For context and comparisons, I will refer to findings by both researchers, in describing and interpreting my findings in this chapter; and in considering the significance of this study.

NDE Aftereffects and Integration Findings and Comparisons

Disappointed, I thought, "Now I must return to the 'box system again." For it seemed to me as if behind the horizon of the cosmos a three-dimensional world had been artificially built up, in which each person sat by himself in a little box. And now I should have to convince myself all over again that this was important! Life and the whole

world struck me as a prison, and it bothered me beyond measure that I should again be finding all that quite in order (C.G. Jung (1978, p. 323)

Where am I?

demoted here in a container.

Landlocked with no view of the sea. . .

I heard the parrot say

keep your sword close to your side.

My people are extinct,

so is my treasure (Paul, age 12, early-childhood NDE survivor)

To contextualize my core participants' aftereffects-related comments, I first compare them in this section with those of the 50 Australian experiencer-participants in Sutherland's sociological study. As described in chapter two, her study tested previous findings about various established categories of NDE elements and typical aftereffects, and it offered a model for describing different patterns of NDE integration trajectories (Sutherland, 1995). In the following study-comparisons sections, and in subsequent sections of this chapter, I also add some information from remarks of background participants, and from the work of Atwater and other study sources.

I compare Sutherland's and my findings, of NDE aftereffects and NDE integration difficulties, in the following eight categories, based on Sutherland's main findings topics:

1. NDE impact, or "context [identity/reality] shift"
2. NDE disclosure and disclosure-reaction difficulties

3. Changes in fears/attitudes about death
4. Changes in religious beliefs, values, interests; sense of spirituality and life-purpose
5. Psychic/paranormal experiences, abilities
6. Life direction changes and difficulties
7. Awareness of, attitudes toward social/planetary issues
8. Integration trajectory (IT) patterns and their cultural contexts and social influences

Since Sutherland's grounded-theory-based interview protocol allowed experiencer responses to affect the decision to ask particular sets of follow-up questions, or to add new ones in some cases, the total number of responses used for comparison in different categories mentioned below varies.

NDE Impact, or Context [Identity/Reality] Shift

The biggest surprise for most people in dying is to realize that dying does not end life. . . . You can still . . . remember, you can still see, hear, move, reason, wonder, feel, question, tell jokes . . . There is a step up of energy at the moment of death . . . as if you are suddenly vibrating faster. . . .

[T]his is comparable to having lived all your life at a certain radio frequency when all of a sudden [something] . . . shifts you to another, higher wavelength. The original frequency where you once existed is still there. . . . Only you changed. . . . That's all death is, a shift (Atwater, 1994, pp. 198-199).

For the experiencers in my study, as their comments below indicate, the aftereffects of NDEs are seen to follow naturally from, and provide more evidence of, their *first-hand experience of the reality of the new, or newly recognized dimensions of the sacred world, revealed on the other side of physical death—not “other worldly” dimensions, merely the previously unseen ones, which our culture denies are real.*

From their perspective, that is, such experiences often affect material reality by giving it a new and very different context, adding the dimensions, of the greater reality they experienced during their NDEs. It seems to me integration can be seen as a process strongly influenced, or even determined, by how experiencers’ previously-held beliefs and values, and those of this newly-discovered "reality-context," intersect and are negotiated, within experiencers’ individual social world, or worlds.

In eight of my ten core participant accounts, there was clear evidence of the *context-shift*, or the global shift in awareness of one’s identity in relation to one’s social context, which Sutherland describes as an initial feature of the integration process (Sutherland, 1995, pp. 207-209), and which Patrick Gallagher describes in ethnographic terms as the "culture-shock" and "counter-shock" he experienced as a result of his NDE (Gallagher, 1982).

Further, as will be discussed subsequently, and as reflected in the Core Participants NDE/Integration Comparisons Table in this chapter, in comparison with Sutherland’s sample, the two exceptions are unsurprising, in relation to NDE Scale scores, integration-trajectory (IT) patterns, and cultural meaning-interpretation contexts. Briefly, Eric’s much-less-dramatic description of NDE impact is consistent

with an arrested integration trajectory pattern and his high-resistance cultural context; and Camille's with a confirmatory IT pattern and low-resistance cultural context; and perhaps also with her exceptionally low NDE Scale score, in relation to other core participants' scores.

From each of the other eight core-informants, and a total of 46 of the study's 50 participants, I heard remarks suggesting profound identity-reality shifts.

Even when Chris was the most confused about the meaning of her experience, it was real: "I actually did see my grandparents! They were dead, and I saw them." When amnesia or brain damage seemed the only available explanations, she and her family still realized she had become a different person. She was behaving so differently that she was restructuring family dynamics without being able to explain her own behavior.

In their accounts, most core and background participants made remarks about the identity/reality shifts they experienced during and/or after their NDEs that seemed to highlight the reality of the "other world" in comparison with this one:

[Afterwards] it was like nothing else was important. Everything from that point on was insignificant. It was like God was important, that's all. It was the real deal, it's the real thing, [it was] . . . what's happening, and we're only here for a split second. (Kelsey)

I wanted to weep, you know? If it was the ground, I would have kissed the ground, and said, Oh, thank God, I'm home! Oh, thank you, oh God, I hated it there! Oh, I'm back! I was just so joyful . . . I didn't know whether to laugh, to cry, or jump up and down and scream—it was just that kind of total exhilaration, and freedom, and relief.
(Alicia)

It changed everything—the knowledge that was flooding in, or the veil that was being removed. All of a sudden everything made sense, things that I never understood. Everything I thought before was turned upside down. (Nagual)

It's two different worlds. When you're out of this world, this is a dream and that is real, and we can dream a thousand dreams in the same night. If this is a dream of our spiritual being, it's one of 10 that spiritual being has in the same night. So all our lives, to the spirit, go on at once. Compared to our spiritual selves, these selves are less real. . . . You can be the alligator, the blond, and the cab driver, all at once in those dreams. You still know you're you. Your spirit has your vibration. Our physical selves are a little piece of our soul self. And our soul is a little piece of God. (Gwen)

All of a sudden I was standing on the outskirts of heaven. It was the most beautiful, brilliant thing I had ever seen. . . . Then I realized that my senses were functioning better than usual, and I felt very good. . . . You start to think with 100% of your mind . . . and could not begin to imagine just how absolutely, stunningly beautiful heaven really is . . . I realized I was outside of myself and was very, very far away from my body. . . .

Even on its lower level, the sensation [of unlimited power and] love is millions of time more potent than humans can ever imagine, and everything made perfect sense. . . . At first I wondered how I was able to withstand so much power and love. . . .

Then I thought, walking is too slow, and just as I start running into the light, I got hit with a wave of pure, perfect, unconditional love that was billions of times more potent than the natural environment and I was blown away. It was like standing in front of a huge star, and being amazed at the power a star can generate, and then having the star go super nova . . . but you're still not absolutely dissolved. It was total ecstasy. Words can't begin to come close to describing it.

Thinking once again that this has to be all of it, yet another wave went through me trillions of time more potent. I freaked out with absolute, unimaginable, mind-blowing, loving ecstasy. It is a living force that just goes through you. You just cry and cry. . . I realized that this place looked familiar. . . . Then I became aware that I lived there. I have always been here. (Haisley, transcript of IANDS presentation 1994)

It was totally familiar—and not [familiar] like on an earthly plane, where you're resting on the couch, and you're comfortable It's more than that—like my [earthly] life almost hadn't happened, you know—okay, done with that . . . The light was where I was supposed to be. That was real, this was the dream. (Gwen)

This [physical reality] is . . . just the beginning of the journey. This is not anywhere near what you are going to experience. . . . I will leave this body sometime, and will go somewhere else. . . . We journey. We're [God's] hands and his eyes. (Kelsey)

Because you now know the light stuff, you have to go back and help them with their body stuff . . . the confinement and the confusion and the density and the darkness and the short-sightedness that accompanies being in a body. . . . And it's vastly important, because that's where your spirit is. (Gwen)

The next thing I know, I'm not anything like a body. I would say I was much more like an atmosphere around the world. And that I could hear five billion conversations simultaneously. And any conversation that had my name in it, I could just [he snaps his fingers] go there, like that. However, this was uncomfortable to me. . . . (Neil)

[In the light, there was] no pain, nothing. I had fallen, and I had gotten up and nothing had happened to me! [sounds amazed] I was fine! I brushed myself off, and I was holding up my hands, praising God, okay?. . . . and [then] as soon as the little girl asked for help [and the light disappeared] that's when I realized . . . my arm was severed from my shoulder. (Kelsey)

[Later] I understood why I was so angry at the priest, because he stopped me from my journey. . . . And that I was angry at the nurses and the doctors, for keeping me alive. I had to get into some counseling. Because this was the priest that led me on my journey of faith, and I had this feeling that I hated him, and I didn't know what the hell was going on. (Jenny)

NDE Disclosure and Reaction Difficulties as Unmet Integration Needs

Miranda looked about her with the covertly hostile eyes of an alien who does not like the country in which he finds himself, does not understand the language nor wish to learn it, does not mean to live there and yet is helpless, unable to leave it at his will. . . . She saw with a new anguish the dull world to which she was condemned, where the light seemed filmed over with cobwebs (Katherine Anne Porter, 1965, p. 313)

A theme in Sutherland's findings related to difficulties in discussing NDEs which are related to their ineffability, to their unknown nature, and/or to the reactions of others. Three people in her study who received initial negative responses did not relate their experiences to anyone else for years. Thirteen others did not discuss their experiences with anyone for years, and then remained very selective. Three had never talked to anyone before Sutherland (Sutherland, 1995, pp. 71-77).

As Sutherland describes, and as the quotes, above, illustrate, the NDE, as a *sacred world* experience, has been validated, in medical-scientific terms, as an “anomalous,” but “profound, psychological event” (Greyson, 2004, pp. 604-605). While diverse, indigenous cultures and wisdom traditions attribute social, or *real-world* meaning, as well as personal significance, in such sacred death-and-rebirth experiences, the *material world* of contemporary, Western culture, officially, does not.

Also, as in the reductivist, materialist, medical-scientific interpretive context, other scholarly as well as religious perspectives can cause NDE interpretation, or disclosure/reaction, difficulties as well. For example, the initial, negative response

Chris received from a hospital nurse; and Jenny's brother-in-law's assessment that her experience meant she was "possessed by the devil," inclined both of them, as Jenny put it, to "just shut up."

Like Sutherland's, my 50 core and background participants described problems which, collectively, demonstrated what seems to me to be a pervasive pattern of *unmet NDE integration needs*. These included significant difficulties and problems related to: NDE identification, interpretation, disclosure, disclosure-context, and disclosure-response; and a lack of appropriate, accessible, education and counseling resources and support for the NDE integration process, overall. These included, most basically, the need of NDErs, and of their professional health care providers, for an adequate NDE model, and other, appropriate and accessible knowledge and expertise, for purposes of identifying NDEs *as* NDEs; and recognizing NDE aftereffects *as* NDE aftereffects.

Meanwhile, whether in health-care, counseling, family, or other contexts, my core and background study participants characterized the majority of others' reactions to their NDE disclosure statements negatively, overall—as dismissive, uninformed, or otherwise problematic.

Reactions from family and medical professionals -- Five of my ten core participants described negative responses from family members; and three of them mentioned dismissive or uninformed reactions from medical professionals as well. Alicia's father, characteristically, dismissed her NDE account as "crap." Even 30 years after the advent of Near-Death Studies, Nagual's wife, a college health

educator, agreed with his psychiatrist, who, in 2005, identified Nagual's NDE, and the "63 spiritual revelations," and the months of euphoria that followed it, as manic symptoms of previously diagnosed bipolar disorder, not as possible NDE aftereffects. For months after his experience, Nagual said, he was "so happy my wife was ready to institutionalize me."

Chris' family also pathologized her new behaviors and abilities, speculating that they were related to brain damage caused by her accident. She told only one of her sisters about seeing her grandparents in heaven. But that also posed problems, because the sister was a Catholic "Charismatic healer," and Chris wasn't sure she agreed with this religious interpretation of her "divine gifts." As previously mentioned, Chris' mother had also had an NDE, a profoundly frightening one, whose significance she later denied. She dismissed Chris's and my interest in the topic.

Even Kelsey's mother, who was accepting of her "spiritual revelation" in the light, was as disbelieving as her doctor that Kelsey, after her fall down the elevator shaft, had really been able to walk around with her arms above her head: "Well, they say I was hysterical, they say I was a little delirious, they say I was in shock. They told me, you may have been unconscious for awhile." She doesn't tell many people, she said, "because everybody will treat me like I'm a little wacky." Yet, she insists, "this is how it really happened. I wasn't dreaming. I certainly got up off that ground."

One of the 10 core informants, John Paul, had never confided his NDE to anyone before, as a college student taking my anthropology of religion class, he agreed to participate in my study.

Disclosure problems in mental health and counseling contexts -- Between the mid-1980s and 2005, five of my ten core participants, including Nagual, sought psychiatric, family therapy, or other counseling help to deal with characteristic NDE aftereffects- or other integration-related issues, which were neither identified as such by any of them, nor addressed as such by any of their mental health professionals. These included immediate NDE impact, relationship problems, and depression.

At the time help was sought, only one of the five, Alicia, had conclusively identified her NDE *as* an NDE. But she did not mention it to the psychiatrist whom she consulted, several years after her NDE, for her depression; nor, apparently, did she consider whether her depression might be connected to the process of integrating her NDE .

Collectively, it seemed, the five had varying degrees of inadequate knowledge about NDEs, aftereffects, and integration issues, for purposes of describing them, as such, in a counseling setting. Likewise, their psychiatrists and therapists did not seem to have the knowledge needed for identifying and appropriately responding to NDErs and NDE integration needs in counseling contexts.

Even in relatively favorable circumstances, such unmet knowledge needs have negative integration consequences. In Nagual's and John Paul's cases, lack of

adequate counseling support raises more serious questions. Like Eric, both had suffered from serious neglect and abuse, personal and parental alcohol abuse, and emotional problems. Unlike Eric, both were still actively abusing alcohol, as well as illegal substances and/or prescription drugs. Nagual was dealing with a handful of serious, previously diagnosed mental and emotional problems.

John Paul had serious fears and anxieties about some of his post-NDE visions and paranormal experiences. “God” looked “scary” in one; and afterwards, he “couldn’t sleep for two days.” Also, he said, “It scared me to death to talk to you about it.” He initially felt relieved, he said, but “I don’t think I’m supposed to talk about it. I’m nervous God is going to do something to me.” John Paul’s fearfulness and reluctance to discuss his NDE, even with significant others, and his acknowledged alcohol abuse, concerned me.

The prevalence, among my informants, of such unmet, NDE-integration-related, mental health and counseling needs helped me identify a counseling-related experience of my own—one I could not otherwise have seen as related to my then-unrecognized early-childhood NDE, or to NDE-integration—and this helped me recognize myself as an experiencer. In 1983, having achieved, after my working-class poor childhood, an acceptable-seeming level of “social adequacy” (Neil’s term)—an about-to-be new husband, new car, home mortgage, first management position—I made an appointment with a therapist. My sole concern, at the point I seemed, to myself, to be otherwise most “normal,” most like other people, was that,

for as long as I could remember, I had felt a “sense of spiritual mission,” and as I told the therapist, “I don’t know what I’m supposed to do be doing about it.”

NDE recognition and medical NDE model problems -- At the time of their experiences, eight of my ten core informants were unaware that their experiences were NDEs. And until our interviews began, only half (Neil, Alicia, Camille, Eric, and Jenny) were absolutely certain of their experiences as NDEs. Three others (Chris, Gwen, and Kelsey) had some awareness of their experiences as NDEs. At the conclusion of the study, the remaining two, John Paul and Nagual, still remained doubtful that their “spiritual” experiences had actually been NDEs.

In few cases, a lack of awareness or sufficient information caused identification problems for core and background study participants. But for three of the ten core participants (John Paul, Nagual, and Chris), and many in the background group, the problem was that their NDEs did not seem to match the medical description. These participants had knowledge of the medical NDE model, but it had been a source of confusion, rather than clarification for them. Anyone whose NDEs had not included a tunnel, for instance, had, on that basis, been certain their experiences could not have been NDEs. This had been a problem for both Chris and me. For all three core informants, a lack of certainty about their medical condition had also been a barrier to identifying their NDEs.

Obviously the identification or non-identification of the experience as an NDE affected whether and how it was mentioned by informants. As mentioned, John Paul had never told anyone about his experience before participating in this study; and

neither Kelsey nor Chris had related their full experiences to anyone, only "bits and pieces" as Chris put it; unsurprisingly, none of the three had definitely identified the experience as an NDE, or resolved their reasons/questions about its status.

Medical NDE "label resistance" and use of alternate labels -- But even among core informants who had identified their experiences as NDEs, only one, Jenny, used that label as her preferred label. Five of the other nine core participants avoided using the label at all, and the remaining four used it in ways that problematized the medical NDE model. For example, Kelsey called her experience her "spiritual revelation," Chris at first wondered if she had suffered "brain damage," or was "crazy," and Gwen always referred to "the train wreck" or "when I died in the train wreck" to label her experience; or else, for comparison with our "world of darkness" referred to it as the "world of light." In fact, when I first used the term "NDE" to refer to her experience, her response was, "What's an NDE?"

Interestingly, 13 years later, in 2006, another very recent NDEr, who had been able to identify her own experience as a "near-death experience," responded in exactly the same way to my reference to her experience as an NDE. Also, though struggling to deal with its effect on her, she had no interest in Near-Death Studies, and, obviously, little knowledge of "NDEs.

Neil interpreted his NDE as a "shamanic death and rebirth." Lack of certainty about their medical condition, at the time of their NDEs, seemed to have influenced John Paul's initial reference to his NDE as a "spiritual interaction," not necessarily an NDE; and Nagual's emphasis, in labeling his a "*spiritual* near-death experience."

Even though, unlike other core informants, Neil and Alicia use the NDE label as part of their professional identities as holistic healers, like the majority of my study participants, they object to the label's clinical definition and/or materialist description of the experience. Neil rejected the label for the same reason Eric and Gwen did: "I was really dead," he said simply. Kelsey and Chris objected to it on the basis of knowing they had not been going to die.

Near-Death Studies literature and IANDS as NDE integration resources --

These kinds of issues helped explain why so few of my study participants, even among the 20 in the IANDS-affiliated background group, Studies (IANDS), seemed to find the medical NDE model, the related literature, and/or the field's experts, unproblematic as resources, during NDE integration—if they were aware of these resources at all. Of the two core participants who had attended any local Friends of IANDS (FOI) chapter meetings, Alicia attended only “a couple” of meetings, but, like Kane, did not find them useful; and Jenny apparently never joined the national organization, though she attended local FOI meetings for at least several months. Neil and Alicia, with whom I am still in contact, also are both supporters of the need for an organization for NDErs, and of its potential value to society as well as to experiencers themselves.

In the accounts of the other eight core informants, and nineteen of the 20 in the non-IANDS-affiliated background group, neither Near-Death Studies literature nor IANDS were mentioned as NDE interpretation or integration resources, or at all. For nine of ten core participants, and all 20 in the non-IANDS-affiliated background

group—that is, all 29 of my non-IANDS-affiliated participants, there is no indication that Near-Death Studies expertise, or IANDS, played any role as NDE integration resources.

Further, many participants in the core and both background groups made comments that were explicitly critical of medical-scientific Near-Death Studies research and expertise. Kane, for example, had, like Alicia, attended a few local meetings of Friends of IANDS (FOI) groups; and had concluded that IANDS sought NDErs as members mainly for the benefit of researchers. He refused to be a core participant in my study, because, he said, “scientists think our NDEs belong to them.” Scientists “are ripping us off” for NDE research that “only benefits them, not us,” he said; and accused me of “being one of *them*.” He agreed to be background participant in the study only for purposes of being heard as a critic of Near-Death Studies research and IANDS. I met Haisley as a fellow speaker at an IANDS conference, but like many others in my study’s IANDS-affiliated background group, he was equally critical of the motivations and/or the expertise of non-near-death-experienced researchers.

As one experiencer, who is a public education professional, has written:

The experience does not happen to so many people only to have them come back and be reprogrammed into the same cultures and mistakes. The NDEr is not a new client population for mental health practitioners. . . . There are only two kinds of people who can help an NDEr adjust to being human again: other NDErs, and those who have been touched by the love from the same source (Geraci, 1987, p. 28).

Even at IANDS conferences or FOI meetings, where I met 18 of the 20 background study participants in the IANDS-affiliated group, I heard other criticisms, from them and other contacts, of the value of Near-Death Studies expertise, and of IANDS as an NDE interpretation and integration context, similar to the following:

Scientific research is important. . . . But unlike the early meetings of IANDS when most of those involved . . . were scientists, doctors, or other professionals, most people involved now are people who have seen a greater reality and really don't care what the research shows. They already know the answer, and this is: the experience is real. So rather than spin their wheels trying to prove it, their needs have turned in another direction: they need support in their knowledge and guidance for the future (Willis, 2006, p. 189).

Within IANDS, experiencers' complaints and initiatives have led to experiencers-only sessions and meeting spaces at IANDS conferences, and also to separate retreats for experiencers in 2006 and 2007 (Stout, Jacquin, and Atwater, 2006, pp. 49-62; Atwater, 2006). One background informant is part of a regional, FOI-affiliated group of IANDS members who are interested in the feasibility of forming a separate, IANDS-affiliated sister organization of and for experiencers. Medical NDE model problems, interpretation and integration context difficulties, and unmet integration needs are discussed further in the next chapter.

Changes in Fears and Attitudes About Death

Sutherland found that 19 percent of her informants believed in an afterlife before their NDEs, and that 100 percent held that belief afterwards. The percentage

of those in Sutherland's study who reported having no fear of death changed from 19 percent pre-NDE to 98 percent afterwards. (p. 81). Regardless of previous beliefs, all 10 of my core participants expressed new or increased awareness of the self's survival of physical death; and loss of fear of death, as did secondary sources when this topic came up.

For Eric, the awareness was new, and surprising; and the only NDE aftereffect he noticed. In some ways, this makes its effect on him seem even more remarkable:

Death is nothing you need to fear. I was perfectly content where I was . . . sort of satisfied, and happy, and content and just stable. I don't know that [the NDE] answered every question I have about death, but [I know] it's not a bad thing. I'm not counting the days or anything. I don't know what happens after what I remember. I don't. But now I think it's almost like another state you enter. I did not know that before.

For several other core informants, there was not so much a shift in beliefs about life after death, as a profound, experientially-grounded confirmation. Echoing similar comments of Kelsey's, Camille said, "I'm African American. We talk to dead people all the time." Chris realized, about seeing her grandparents in heaven, "It just seemed perfectly normal. I knew they were dead, and I was with them."

But Jenny, whose father died when she was a young child, said her fears made her known as "the worst one" in her family at dealing with death and dying. Now she describes it as "the ultimate high." Recently she found herself thinking, about her

father-in-law who is dying: "That lucky son-of-a-bitch!" Like my mother, Alicia, and Gwen, Jenny had wanted to stay in the "world of light."

My mother and Gwen both said they had felt called back by their responsibilities to their young children. The loss of her mother when she was four had left my mother, like Jenny, very fearful of death. I was only 10 years old when a miscarriage-related loss of blood caused my mother to "flat-line," during emergency surgery. But I have a clear memory of some of the things she told me, a week or two later, when she was home, and settled in bed. I recall how happy and excited she looked, beckoning me into the room. I remember her almost bursting out, before I even had time to cross the room, "I'm not afraid of death anymore! I went where we go when we die!" After she had described her journey, I also remember her, looking and sounding embarrassed, or guilty, admitting, "I didn't want to come back. But I heard you kids calling me." I also remember that this happened only two or three weeks before my father's sudden death, following a stroke.

Rather than encountering a similar moment of choice to return from the light, as Gwen and Neil had, Jenny met a barrier. Later she felt that either the priest's authority, or her own unworthiness, had forced her back. Alicia's "stubbornness" made her certain that only her own choice could have brought her back; but, struggling to comprehend it later, she felt equally penalized:

I wasn't sure [of life after death] before. Now I know we go on. We just move into a different sphere. And everybody is the same, at home. I was always fearful of death. I didn't know what was going to

happen. . . I believed in a fiery hell. But I came back knowing we all go home to the same place. (Jenny)

At the time [after her NDE, during a later medical emergency] when I was hemorrhaging and too weak to help myself, I wasn't afraid. I thought--this is it. I just wasn't afraid. I stayed up all night that time, I wasn't gonna miss anything. I thought, I'm just gonna wait and see what happens and watch everything. (Chris)

Kelsey made a distinction I have heard many times first-hand from other experiencers, including my mother, between fear of death and fear of dying, implying that she has "twinges" of fear about dying, living alone; and that she reminds herself how she felt in the light. "But I do believe there is a life after death, definitely. I just don't think it's in the form we are accustomed to." She doubts death--or "releasing the spirit"--is "as bad as people want to make it believed to be. Because you have to be ready When you are ready to release it, it goes":

Because the body is nothing without the spirit. I know that now, for a fact. The body cannot go on separately. So the spirit controls this whole thing. So when that's separated, the spirit can go on and act independently, but the body can't do it anymore. That's just done. So when people die now I look at that in a whole different perspective.

Neil was first surprised that his "thought process was not even remotely interrupted by death." Gwen also referred to her sense of "leaving behind the body thought process, and just going into the spiritual thought process." She said, "It was like this was graduation. . . . I would go from shadows to light."

Two-fifths of Sutherland's total informants reported an increased interest or involvement in work with the dying (pp. 91-93), as did two of my ten primary participants, Jenny and Chris, and a number of background participants. Several childhood NDErs in the study had become hospice volunteers, as I had, before having identified their experiences as NDEs.

*Changes in Religious Beliefs, Values, Interests, Sense
of Spirituality and Life-Purpose*

The majority of Sutherland's respondents, like mine, indicated that they became more spiritual, or more spiritually focused after their NDEs, in contrast to being more concerned with religious doctrine or observance, although the percentage of her group indicating no religious affiliation jumped from 46 percent pre-NDE to 86 percent afterward (Sutherland, 1995, pp. 94-97).

With the exception of Eric, whose NDE integration process was also unique among the other informants in my study, as will be seen), the other nine core participants in my study also described changes in interests, beliefs, and values related to a heightened sense of spirituality. That is, they described spirituality in other than specific, narrow religious-doctrine terms—as growth in the ability to love and serve others, for instance; and as being central to the meaning of life in general, and to the purpose or mission of their own lives, specifically.

Interestingly, the four core participants in my study who had been practicing members of organized religions—Chris, John Paul, and Kelsey—did not formally change or drop their religious affiliations; and Jenny, who had been studying to

become a Catholic before the NDE, did convert afterward. Even more interestingly to me, Nagual, the only core participant from a Jewish and agnostic family, and a “nonbeliever” before his NDE, afterward embarked on an intense spiritual search which led to his becoming a Mormon.

But all five described a heightened interest in learning about various spiritual, religious and other wisdom traditions; and greater understanding that all paths to spiritual growth have value, and no one path is the best, or only one. The quotes in this section illustrate the specific kinds of distinctions which study participants made between their pre-NDE, religious (or non-religious) beliefs and values, and their post-NDE spiritual focus. Some with formal religious affiliations indicated that this shifted perspective had made them more critical of their own religious organizations.

For example, Chris, during our formal, life-history interviews, in the mid-1990s, referred to herself as a practicing, but an “a la carte Catholic,” with gifts her sister suggested made her part of the “Catholic charismatic healing movement.” By our most recent conversation, in late 2006, Chris told me she has stopped regularly attending Mass. Sounding more confident of her own “direct connection,” with God now, she also seemed less concerned about her identity as a Catholic, and less accepting the Church as an institution. Like Chris, since his NDE, John Paul still “enjoys the ritual” of the Catholic religion, but doesn’t go to Mass as often, because he doesn’t “like what the Church is doing about a lot of things.” Since his NDE, he has also found that although he “pray[s] a lot more,” he doesn’t “feel as close to God” in church as when he prays and meditates alone.

Jenny said her NDE showed her that life after death did not require “salvation from sin” through baptism in the Catholic Church, since she had been on her way to heaven before being baptized as a Catholic, and her priest friend, not her sinfulness had prevented her from continuing. Becoming a Catholic was a helpful context for her spiritual growth, not a requirement, she realized:

Here I am with the rosary, and all this symbolism, and statues and candles. And I'm not knocking that, because it's still very important to me. It helps me focus on prayer. And [yet] I thought afterwards [surprised, louder]: *God, I missed it, that's not what God wants.* He wants us to love one another. It doesn't matter if you're a Holy Roller, if you're Jewish, if you're Buddhist. That's not the meaning of life. The meaning is that [whispering, emphatic] *we're here to love each other and take care of each other, and take care of the planet.*

Others concurred. For example, Gwen said:

I've gone to spiritual feminist gatherings, Buddhist gatherings sometimes. Because I like it—it's, like, one resource—people getting together and expressing spirituality, whatever that means. I've gone to the Franciscan Monastery down the road. I find certain aspects of organized religions, different ones, uplifting in different ways.

“Overall,” as Sutherland observed of her informants, “there is a feeling [of] . . . an ongoing direct contact with God or a Higher Power that requires no mediation” (1995, p. 110): Many informant comments demonstrated the sense of direct connection with God—from Kelsey's sense of being the “I Am That I Am,” to a statement Neil includes in a hand-out for his clients: “You're God, I'm God,

everything is God. Let's be more comfortable, more personal, and more familiar with this concept. . . . My prayer is, 'Universe Babe, keep those angels and miracles happening in my life. I love it. Make it so.'" As Chris said, "Afterwards, I just felt--in the right place. I would pray--if I felt I needed to work on something within myself, I would just talk to God about it and not worry."

When asked about the most significant changes since their NDEs, Sutherland's subjects all described changes typically associated with spiritual values. These included growth in spirituality and connection with God; an increase in love, caring, and responsibility and desire to be of service to others; decreased material values, loss of fear about death; and a desire for spiritual knowledge (1995, pp. 109-111). Such values were expressed by nine of my ten core participants, with Eric as the exception. About his realization about the nature of love during his "after-death experience," Neil said, for example:

Now this bird is actually experiencing joy from being fed this way. And I'm feeling the bird enjoying the experience of sunning. Okay, and the next thought that occurs to me is that I am the joy. And then the word joy is replaced with the word love. And I realized that the tree itself was made of love, the bird was made of love . . . and in fact the entire building of the universe is out of love, period. This is just different forms that it takes.

Nine of ten core participants expressed strong interest in spirituality generally, an increased spiritual focus or wholeness since their near-death experiences, and/or deepened or shifted understanding of spiritual values. "It strengthened my belief," as Kelsey said. Other comments included:

I had already had a sort of a personal religious belief. But it used to include more fear, and more worry about the . . . rules, but I guess I never questioned the rules. (Chris)

When I returned, I was so drastically changed. I think I've always been a kind person. But to strive for universal unity--that's new. To care for everything and everyone. Not just people. Animals. Even animals I've never been fond of in the past. Not to harm, but to nurture and care. For trees. I didn't take care of trees before. I've created a sanctuary in the garden, in the backyard, and that's my place. I came back with this profound sense of responsibility. That I had to set an example, by taking care of everything--even the snakes that I don't like. (Jenny)

Each core participant except Eric made specific comments reflective of having a sense of purpose or responsibility for helping others, connected to their shifted or more deeply-confirmed spiritual understandings; and six described a new understanding and experience of love. A shift from material to spiritual values and interests, and a need to be of service to others were themes. John Paul has sought out opportunities to help others at soup kitchens and centers for disadvantaged children. Alicia believes she has a role as a healer and intuitive guide for others, especially in support of the “Indigo children.”

Camille doesn't necessarily connect her spirituality, lack of material interest, and other beliefs and values with the near-death experience she had as a 17-year-old, but these make her typical of other NDErs in my study. As a brilliant, already-recognized, African American, female scholar with a new Ph.D., Camille was a

sought-after stand-out for coveted faculty positions at diversity-deficient institutions. But she resisted being either a token or a “diva,” and instead has “made a lot of choices as an academic that look stupid.” Several graduate students in her department described her to me as atypical of faculty at her research-oriented institution, because she is “genuinely interested” in their work, and a “real mentor” to them.

In her own role as a teacher, since her “spiritual revelation,” Kelsey said, “I’m more relaxed, I’m more laid back. I really listen to children’s questions more now—I take their need to learn more seriously.” In our earthly roles, and beyond, she learned, “We are God’s hands and eyes,” each valuable and unique.

Gwen said, “Even though we walk in these bodies, we have to keep spiritual as we walk. Not to walk and get a Cadillac, but to walk and find out what you’re supposed to learn, and help your neighbor with his lesson.” In similar terms, Nagual described his life-transforming shifts in beliefs and values:

I realized I do not have the right to judge others. I learned I’m here to give, not to get. God or the supreme being put us here . . . to learn from each other, to serve each other, to love each other. Ninety-five percent of what I learned growing up was wrong. In a minute and a half it all became totally insignificant—my six-figure income . . . being the guy with the most toys, and the biggest house, and the prettiest wife. . . . [After the NDE] I loved the whole world. . . . I pray for everybody now. . . . Before I could just relax; I’ve got to learn something every five minutes now. . . . I’m here for service, period. [It’s] the only way I can fulfill my purpose.

Psychic, Paranormal Experiences and Abilities

Increased incidence of a wide range of psychic or paranormal experiences and abilities, from intuition and clairvoyance, to out-of-body experiences, to the ability to heal others, were found in Sutherland's study (pp. 112-135). More than 85 percent reported incidence or increased incidence of post-NDE experiences of telepathy, precognition, and intuition, for instance.

Eight of my ten core respondents reported such phenomena either beginning, or significantly intensifying after their experiences. All core informants, of course, described such phenomena as part of their NDEs. Neil, Alicia, John-Paul, Eric, and Camille had out-of-body experiences (OBE) during which they saw their bodies, and made other, physical-world observations, from above.

Three of these five reported observations that were later confirmed. For example, Alicia watched, from above, as the driver of the car that hit hers turned off her car's headlights, and she later received a traffic citation for driving with her lights off. When he walked into her hospital room, Gwen recognized the one-armed man, who had somehow carried her lifeless, 180-pound body, from the train wreck, as the "same cowboy" who had protected her, during her earlier near-death-like experience, "in the same blue cowboy shirt, with the same eyes, that were the color of the sky."

As Camille acknowledges, in her family, "we talk to dead people all the time." Kelsey's and Camille's African American family cultures, as Camille put it, "allow . . . even depend on travel and communication between different states of being." So

“if there’s any difference between me and my siblings,” Camille said, “it’s that my windows are open a little more.”

Neil receives information from nonphysical guides about his clients: "They sent me back with a few extra tokens to play the game, especially the ability to help others explore their own past lives." Also, he says, “At this point in time, work is being done to restore us to our full DNA. I prayed for two years to be a human being that assists in this process. When I got initiated into Seichim [a healing technique], all of it came into place.”

Chris receives information and guidance, for family, friends, and sometimes strangers, either from an unspecified inner voice or from "dead people." She has often had corroboration of such data, including medical information about her mother's heart condition that she had received from her recently-deceased father; and information about future events.

Like Neil, Gwen works as a psychic counselor. She told me that often, as if by chance, she is put into situations with people facing serious illnesses whose fears she is able to address. She and Alicia were the only core participants who reported having significant psychic ability or paranormal experiences before their NDEs, but both had had previous, preparatory kinds of experiences. For Alicia, the initial experience was the visit from her just-deceased adoptive mother, when she was 12.

For Gwen, it was the first NDE-like event, when the “cowboy” appeared to protect her from the small, shadowy, "hooded grey figures" around her bed. [FN—this might have been an NDE; Gwen was my first informant, and I didn’t know enough,

about how much variance there is among NDE accounts, to have her complete the NDE Scale, and score that first experience.] John Paul had a comforting visit from a deceased spiritual mentor that was so real he forgot, during the visit, that the priest was dead. He also has had troubling “dark” visions of the future.

Nine of ten core participants expressed, explicitly or implicitly, precognitive awareness, or intuitive knowledge, of future events, shifts, or dangers of global significance; and/or described an urgent need for social change. Collectively, as illustrated by some of their quotes, in the following two sections and elsewhere, they described the need for profound changes in the understanding of existence and the self; and, as a result, in social beliefs, values, norms, and priorities.

Life Direction Changes and Difficulties

After[wards] . . . a fruitful period of work began for me. A good many of my principal works were written only then. The insight I had had, or the vision . . . of the end of all things, gave me . . . courage. . . .

Thus one problem after the other revealed itself to me and took shape (C.G. Jung, 1978, p. 328).

In examining changes in experiencers' life direction, among Sutherland's findings were: a sense of increased self-worth (40 of 45 respondents) and decreased concern for others' opinions of them (17 of 21 respondents); increased sense of purpose (32 of 36), desire to help others (29 of 37), compassion and empathy (31 of 40), ability to express love (22 of 30), and insight into others' problems (23 of 32) (pp. 136-149). The similar patterns in my informants' narratives, mentioned above in connection with "context shifts" and with spiritual values, is clear.

Life direction changes mentioned by Sutherland's participants also included the range of difficulties in post-NDE adjustment which I have mentioned in the first chapter, in connection with Atwater's research on aftereffects (Atwater, 1995, pp. 127-235). Sutherland found, for instance, that 23 of 34 respondents reported strained relationships with spouses or partners which they found to be directly related to their NDEs. Six of my ten core participants divorced or ended relationships after their NDEs.

Kelsey and Neil mentioned NDE-related insights as positively connected to their subsequent divorces. Eric's wife, Barb, and I both suspected that Eric's divorce, and his later marriage to Barb, may have been examples of aftereffects of his NDE, although he had not recognized them as such. Nagual described himself, before his NDE, as a "sex addict." While he credited the impact of the knowledge he received during his NDE with saving his relationship with his fourth and current wife, Kelsey said a new sense of self-reliance allowed her to leave an abusive marriage:

You come to the realization that life is about you, totally about you. It's not a selfish "about you," but it's about you. . . . I truly value life now, more so than I have ever. At this point . . . I have a lust for life, it's not any one particular thing. I can enjoy it all.

Gwen was also unusual in discussing readjustment issues more as generic "culture-shock waves," which any experiencer would encounter, than as specific personal difficulties. Aside from the comparisons she made between the values of the world of light and the world of shadows, her direct answer to my follow-up question

about any specific difficulties she may have encountered, aside from those connected with injuries, was: "It's harder [being here afterwards]. You're still you, but you have more information. You don't necessarily want to be here, you've just been there."

Similarly, Alicia said, "I still get depressed sometimes. You can't go to a place where the energy is unconditional love, and then come back here and be happy about it."

Neil and Chris described difficulties whose causes were sometimes hard to distinguish because of the severity of their injuries. Other NDE-related difficulties they shared related to psychic abilities. It took each of them seven years to recover from their head traumas. For Neil problems were associated with being unable to control his visions of other peoples' past lives, and the input from his inner guides, because "it became dysfunctional. You can't be sitting here in 50 different time slots and do anything in [this] one."

Chris said about her abilities: "It's really hard. It's horrible--well, it's not horrible . . . it's not scary. It's just that--it takes your life and twirls it around. And you don't know what you're supposed to do next."

Chris realized that the "different person" she became after her NDE was responsible for deep shifts in family relationship patterns. "A lot of things changed in the family," she said, "And it was very hard. Very hard. Because I took the brunt of a lot of it. I mean, they just didn't want any change happening in the family." She worried for years about how her affluent, white family might react to her having

befriended African American and other, inner city, young men, who frequent one of her family's retail businesses, because she knows some of them may be drug dealers.

She asked me, not longer after we had met, if I thought, as her family would, that she was "crazy" for caring about and responding to these young men. Recently, when I reminded her of this conversation, she said, with a broad smile, "I don't think I'm crazy anymore." Instead, she said, she has come to feel she has a "mission," to be someone caring, in whom these young men can confide.

Chris told me this, during our last field work interaction and interview, during the summer of 2006, as I was riding with her, from her family's retail business site the county dump. While we were unloading a truck load of tires there, a young, black man, also unloading vehicle parts, struck up a conversation. By the time we left, they had exchanged business cards, and the young man had set up a time to come by Chris's store.

Jenny, Alicia, and other informants discussed having bouts of depression about being "stuck," as Jenny put it, in physical reality, which were reminiscent of the quotes, by Carl Jung and my study's youngest participant, 7-year-old Paul, in the opening section of this chapter. Most difficult for Jenny was having no way to account for how different she, and everything else in her life, seemed, after her priest friend's hospital visit interrupted her near-death journey toward the world of light. For instance, she demanded of herself, about her changed feelings toward her friend: "How can you hate this man you loved for 16 months, who led you on your journey of faith?" While Gwen, who had not identified her NDE *as* an NDE before joining

my study, was nevertheless clear about having reluctantly turned back from the “world of light,” to remain in the “world of shadow,” for her children’s sake, Jenny questioned her sanity for months, until a sympathetic co-worker steered her towards IANDS. Her first year was "so awful" that:

I wish I could help people going through all that. I hope someday I can accept that sense of comfortableness with it, and . . . the ways you change, and . . . I can't wear a watch, and I think, ohhh, something has possessed my body! And M. [a mutual IANDS contact]--you know that grin she gets on her face?--and she said, "Jeeeeeeenyyyyyyy--well, aren't you lucky! Let me tell you a story," and she told me this [FN? NDE aftereffect which keeps many NDErs from wearing watches] was a normal thing.

I would spend weeks leaving the office and crying. I didn't know what was wrong. I couldn't connect with my team [where she had worked for 20 years]. Something inside kept telling me, your work is finished here; Jenny, your work is finished. . . . My God! I wasn't in a position to quit work and go back to school. . . I didn't know what had happened to me.

On the other hand her fractured relationship with her mother, who was often absent during her childhood years, was healed, she felt, as a result of her experience: "All the anger I had, all the distance, it's all gone. I'm so close to her it has been wonderful. The NDE--c coming back, after all that love . . . with the profound message: we are all one--I just came back seeing how it should be here."

Awareness of, Attitudes Toward Social Issues

In Sutherland's study, thirty-five of forty people who responded to questions in this area reported increased interest in social issues, but not necessarily in politics (p. 182). Similarly, the narratives and other comments of nine of my study's ten core participants, and many background participants, included articulate, deeply-felt, astute criticisms of western culture's materialist world view, with its attendant, material-success-driven beliefs, values, and norms. The insights of Gwen's and Neil's, in particular, were and still are very important to my own personal and scholarly understanding of the influence and importance, economically, of the "construction of the socially inadequate self," and the importance of seeing through it. Gwen said:

Right now, you're an intellectual with a pencil and a piece of paper. A farmer you're not. So somewhere else there's a farmer, and paper don't mean shit. And we need the farmers. Because the intellect without any lunch is a babbling idiot by the end of two days. So as long as we're on the physical plane, there'll always, always, always have to be orders and systems.

But [in the future] everyone will be appreciated for their value. There's always going to be a head, and hands, and heart. . . . I don't think there's going to be a hierarchy. Because the thing that made all of this fall to pieces is the hierarchy and ego crap. . . .

I fit in no category. I can spread peanut butter, I can think. . . . I can talk to the lowest of the low and the highest of the high. I understand Jeffrey Dahmer and I understand Mother Theresa. You and I and other people like us are here now, and we're evolving. . . . We're maybe just a stepping stone. . . . But it's time to see the peanut

butter spreader as just as valuable as the king. . . . each one has value, each is loved, as God loves. . . . You make yourself more alive *here* by following the values you learned *there*.

With people in need, the [expensive] car doesn't satisfy that need, and the car won't bring back their sick kid, and the car won't make their wife love them. . . . It isn't enough. People are more miserable than they've ever been. . . so they will have to turn to something else eventually. And those who don't turn to something else, eventually, are going to slough off like dead skin. And that's just the way it is. It's gonna be different.

Neil put it this way:

Society gives us the opportunity to let ourselves be deadened by buying into the belief that staying physically alive is more important than anything else, and it's fine to sell your soul to do it . . . [but] your soul, your true aspirations, are your pilot light....

The lie is that we are inadequate. All of the identity that you've formed in this lifetime turns out to be based on the lie. Your existence was a hollow tube and on this tube you pasted little pieces of people that you admired. And after a certain point you became all of those people, but never you. And so you look down the hollow tube, and it's nothing. . . .

You don't want to be there on the credit card treadmill, commuting to a job you hate, to a family--yes, you love the family, but they drain the life out of you. . . . And there's no you in any of this, and why bother? Now, when that starts to hit big time, suicide rates will go off the scale. . . .

[From a client hand-out of Neil's:] Creating a new life is a scary proposition, but what choice is there? We must first realize that it is we who are creating the future, and that there is only now . . . since thought creates. . . . When you are having a fear you are automatically not in the present. You are in that dark future. We can play out as many of these dark futures as we wish, but they all end in the same place. If you want to invest enough thought in it, it will manifest. "The fear is the wish." Fear is only an energy. Take control, it's your life and you are creating it. . . . It is a birthright for all human beings to live a life we love!

Kelsey's remarks were gentler:

We get so bottled up . . . that we don't see all that's happening around us. And then we have to see the big picture not only from everybody's perspective, but the big picture from our own perspective. . . . Our job is to grow. [As an elementary school teacher] I teach the children, you are going to be judged by your character, not by the color of your skin. God wants us, as people on this planet, to look at the big picture.

Jenny wasn't sure what to do with her insights:

I used to believe in heaven and hell. After the NDE--this is our hell, our everyday living. Killing each other--this is our hell. . . . I just came back with seeing how it should be here, in hell. I'm feeling pulled to come forward, to go back. I feel, just let me be free, let me be free--to do this work. . . . I feel a profound sense of responsibility to make change for the better. . . . I don't feel I always have the opportunity to do what I'm supposed to be doing.

Discussion of NDE Impact and Aftereffects Findings

As these NDE aftereffects findings illustrate, for experiencers, the NDE is very often a life-changing experience, as well as a perceptually, experientially, and sometimes even veridically *real event*, in relation to other, superficially similar-seeming, subjective experiences, such as vivid dreams or delusional states. They may also seem otherworldly, heavenly, in relation to our consensually-accepted, or cultural reality. But they and their aftereffects are also so real that, like the “cultural immersion” of ethnographic field work in distant, and culturally unknown societies, NDEs often cause the same sort of “culture shock,” and “counter-shock,” described in the quoted material in chapter one, by cultural anthropologist and study participant Patrick Gallagher. Further, ethnographers may spend years studying cultures whose world views make their worlds as “imaginary” as the Gwen’s “world of light” seems, in our officially, scientifically material world view.

As will be seen in the next section, below, on the individual level, such first hand experience and knowledge of a “meta-physical,” or sacred world identity and reality context, can be profoundly destabilizing, as Neil astutely observes, for the most resilient, “normal,” ego. That is, our material world’s values and economy depend on the voracious hungers and endless self-improvement projects marketed to the socially constructed “socially inadequate self.”

The “well-adjusted,” or most successful, therefore most potentially perfectible, socially inadequate self may be running hardest, with most invested, to stay at the front of the pack, reaching for the brass ring, the prize nearly but never

quite in hand. Neil's only-son status, and white, affluent family background gave him this perspective, and—without having distant friends able to take care of him during his years of extended recovery and rehabilitation, removing him from family pressures to follow in his Ivy League, physician grandfather's footsteps; and without the “complete re-wiring” necessitated by severe brain damage—Neil's social status could have made him a front “brass ring” contender, and been a greater obstacle during his NDE integration process.

Given a similarly-powerful, but less cognitively explicit “culture shock,” by her journey to the light, and with less protection from the “counter-shock” of returning to her less-privileged financial circumstances, gender status, and family pressures, Alicia, unlike Neil, endured continuing pressure to “fit in,” or achieve and maintain social adequacy, while building an alternative social context and identity, similar to his, as an alternative healer and spiritual consultant.

A less-privileged family's atypically progressive, artistic family culture gave Gwen less conformist values than Alicia's family; and her life circumstances did not permit her such high professional aspirations or accomplishments. Orphaned young, with severe dyslexia, Gwen became the divorced, working-class poor mother of biracial children. For her, the “social adequacy” prize was never within reach. Neil had the education, privilege, and other circumstances which put it in reach, and also allowed him, with financial support of friends (and perhaps ongoing support from family as well) to leave it behind. He has been able to write and publish books, become the host of two popular cable television shows and gain other media exposure

which have brought him visibility, clients, and income, as a professional alternative healer and psychic. For someone in Gwen's circumstances, such influence is also out of reach; she still must work at minimum-wage jobs to survive. Yet, from the perspective of integrating the values and lessons she learned in the "world of light," given her circumstances, Gwen has been as successful as Neil at representing and living the sacred world view they both gained, as a result of experiencing the "world of light."

The point I have been foregrounding is that—whatever the real-world obstacles to integrating, or aligning their lives with the significance of their NDEs—for Neil, Alicia, Gwen, and my other study participants, the experiences were *real*.

So, to interpret the experiences of these informants, who were my experts for this study, I must first assert that, according to them, these experiences are real, even more real than our culture's consensually-accepted *physical* reality; and identify our *material* world view, as a cultural belief. Second, I must also identify the mortal self, the self which ceases to exist at physical death, as a cultural belief. That is, both the mortal self and the material world can be seen as beliefs by which our culture constructs reality, not necessary as accurate descriptions of reality.

Third, given the characteristic aftereffects and profound impact of such experiences—as can be seen in history, as well as in the lives of the participants in my study—*NDEs, and those who have them, may have profound social significance* (Caughey, 1984). Fourth, therefore, given a conservative estimate, in the United

States, of at least 13 million adult NDErs, and similar estimates in and presumably beyond other Western societies (Long, 2007), it matters to these societies, as well as to tens of millions of NDErs and their significant others, whether or not research addresses their health education and counseling needs, and the educational needs of their counseling and other health-care providers. It matters how effectively IANDS helps empower, in the U.S. alone, an all-but-non-existent community of more than 13 million experiencers—by helping them become recognizable, as NDErs, to themselves; and visible to each other, to their health care providers, and to their societies.

As Sutherland observes, the "implications of having a population of people with no fear of death are significant in a society such as our own, fraught as it is with death denial." When people lose the fear of death it becomes possible, she argues, "to engage in meaningful relationships with the dying, to abandon immortality projects, and to see attachment to immortality vehicles such as money, fame, and heroism as ultimately illusory" (p. 242). Moreover, "Such crucial changes in attitude provide a fundamental challenge to the widely accepted norms of Western society":

When it is realized that millions of people worldwide have had this experience . . . it can be seen that the potential force for positive social change is enormous. These people know that death is not the end. . . . Almost all of them are changed by the experience and through their interactions with others these changes move beyond the personal, beyond the lives of individual experiencers into the social realm, presaging a profound transformation of great benefit to society as a whole (p. 242).

I had no idea that, more than a decade after first reading this quote, our society would seem to me to be, if anything, less aware now than it was then of the significance of NDEs, and of the existence of tens of millions of people who have had these experiences.

Integration Trajectory Patterns and Their Cultural Contexts and Influences

As suggested by the statement quoted at the beginning of this chapter, which psychologist Carl Jung made about the impact of his apparent near-death experience, the intensity of such experiences and their aftereffects—however positive these may sometimes sound to non-experiencers—gives them negative health implications which may sometimes outweigh the positive, at least until the integration process is well underway. This typically seems to involve years and even decades.

According to Sutherland, what is meant by NDE integration, though it is seen to be a continuing, potentially life-long process, is that the NDE integration “trajectory (IT) and biography are congruent”:

That is, there comes a time when the experiencers recognize (often in retrospect) that their NDE is now a part of their lives, congruent not only with their attitudes but also their actions [It] can be facilitated or hindered by a wide variety of social interactions. . . . [it is] an ongoing dynamic process constantly being negotiated and managed by the individual within a particular social, intellectual, historical context . . . [and it] can encompass many transitions along its path (Sutherland, 1995, pp. 206-207).

But initially, according to Sutherland, the NDE integration trajectory is announced by a “shift in awareness of context”—that is, a breakdown in “thinking as

usual,” in the “‘of-course’ assumptions relevant to any social group;” a sense of having left one’s former social identity but of having no new identity status; and a felt need to “catch the meaning” of the experience (which is often not understood to be an NDE), a process whose further unfolding is seen to be “disclosure” (Sutherland, pp. 207-209). Biographical, cultural, demographic and other factors influence whether an NDE integration trajectory falls into the blocked, arrested, steady, confirmatory, or accelerated pattern; and whether one type of pattern shifts into another—as when childhood experiencers move from an arrested to a steady or accelerated trajectory pattern later in life.

The NDE integration trajectory (IT) patterns, which Sutherland discerned in the accounts of NDEers in her study, also could be seen to apply to my core participants’ accounts, as explained in chapter two. Sutherland identified the *context-shift* or *shift in awareness of one’s identity in relation to one’s social context*, as the evidence of the initiation of the NDE integration process; or, after a stalled or arrested NDE IT phase, as evidence of a reactivated phase—whether this context-shift came immediately after the NDE, or many years later. Following this initial context-shift, Sutherland found, the NDE integration process required both *disclosure*, and, subsequently, *adjustment* of or *adaptation* to the original disclosure context, to continue (Sutherland, 1995, pp.).

In this chapter, Table 2 supplies some information related to my study participants’ descriptions of their NDEs as direct, first-hand, *real* experiences of a greater, sacred world; plus information meant to show how the impact, or the

“culture shock,” of this greater world may both affect and be affected, during the NDE integration (or non-integration) process, by experiencers’ particular, “real-world” cultural contexts, and the degree of “counter shock,” or resistance, presented by the beliefs and values embedded in these contexts.

For purposes of comparison with experiencers’ narratives in chapters three and four, and their quotes and related material in previous sections of this chapter, Table 2 provides the following information, for each of the study’s 10 core informants: first, their NDE Scale scores, as a measure of the relative impact of their NDEs; second, information about the relative degree of NDE disclosure-resistance of their dominant, cultural, NDE-integration contexts; and, third, their NDE integration trajectory (IT) patterns, along with an indication of the progress which they seem to have made in integrating their NDEs, or bringing their lives, and social worlds into alignment with the values and knowledge they associate with their NDEs.

My measure for this progress was based on the extent to which the study’s core participants had changed or expanded their social contexts, taking them beyond their original, typically problematic, dominant, cultural NDE disclosure-context(s)—as Neil did, when he left home to live with friends, while recuperating from his gun shot injuries; and/or the extent to which they had confronted and re-structured those contexts, from within, to allow the NDE integration process to continue—as Chris did, when she became a “different person” after her horse back riding accident.

In column four of Table 2, *Advanced* integration signifies that this has been the case; whereas *early* signifies that it has not; and *advancing* that it is currently in

progress of moving outward from the original NDE disclosure context, or of pushing the context into a workable shape, from within. The only case that needs explaining is Camille's, in this regard. Hers was the lowest NDE Scale Score of the 10 core participants; and her dominant, cultural, NDE-disclosure/integration context was, like Kelsey's, made up of African American family members, who, unlike the European American birth/adopted families of the other core informants, were *not* resistant, but receptive, overall, to her description of the experience and its significance.

Table 3

NDE Scale Scores/Types, Cultural Contexts, and Integration Trajectory

Patterns of Study's Core Participants

Core Informant Pseudonym	Force of NDE Culture Shock NDE Scale Score (and type)	Force of NDE Counter Shock Significant Cultural Context(s) and Disclosure Acceptance/ Resistance Information	NDE Integration Trajectory Pattern/ and Integration Context (Re)alignment Phase
Neil	29 cognitive	high-acceptance of friends (away from high-resistance birth family)	accelerated/ advanced

Alicia	26 cognitive	high- resistance of close-by adoptive family	steady- accelerated/ advanced
Gwen	23 cognitive	high- acceptance of friends	accelerated- confirmatory/ advanced
Nagual	23 cognitive	high-resistance of spouse, in agreement with psychiatrist	steady/ early

John-Paul	17 cognitive	No prior disclosure; blocked by fear of reactions of Catholic college mentors and abusive parents; and own anxieties	steady/ early
Jenny	18 transcendental	High-resistance of mainstream and family/religious contexts	steady/ early
Kelsey	17 affective	High-acceptance of birth family and strong, extended family culture	Accelerated– confirmatory/ advanced

Eric	17 affective	High-resistance of mainstream culture; high conformance needs related to poverty, abuse, and alcoholism in birth family	Arrested
Chris	17 transcendental	High resistance of mainstream and well- known, affluent family's hidden, alcoholic culture	Steady/ advanced
Camille	12 affective	High- acceptance of birth family and strong, extended family culture	Accelerated- confirmatory/ context sufficient to absorb low culture shock

Discussion of NDE Integration Trajectories, Life Histories, and Their Cultural Contexts

Two central observations I made during the study, about NDErs' immediate social contexts, and the other, sometimes conflicting cultural affiliations which influenced their NDE integration trajectory patterns, are, first, how powerfully one's early family culture, relationships, and circumstances, in particular, can be seen to influence the NDE interpretation and integration process and its outcomes. Second, NDEs and those who experience them are not abstractions, and not all alike; they are individual, particular, and unique. Similarly, NDEs occur, and must be interpreted and integrated, within the contexts of specific life histories, life situations, and social and cultural circumstances, which are also particular and unique.

For purposes of interpreting and integrating the impact and effects of NDEs, it matters whether one is, like Neil, the only son of an affluent, white family. Or is, like Eric, an abused, economically-disadvantaged, white son of alcoholic, working-class parents. It matters whether an individual is, like Gwen, a severely-dyslexic, minimum-wage earning, single, white mother of biracial children; or like Chris, the "good-girl" daughter, propping up her white, socially-prominent, outwardly "picture-perfect," but secretly dysfunctional family. Whether, instead, she is, like Kelsey, proud of the spiritual and cultural heritage of an established African American family, whose impact and success can be measured, in a racist society, by its "long line of teachers and preachers."

Given the small size of my study's core-participant group, and the variances in informants' narratives, integration trajectory patterns, and NDE types and scores,

there aren't many connections I can profitably make between the structures, or structural anomalies, of core informants' life history narratives, and their specific NDE integration patterns or NDE elements.

The resonances which may be seen between the life history narratives as a group and characteristic NDE value shifts are, first, that both the narratives and the belief systems of study participants shifted away from dominant Western cultural values--such as material success, social status, etc.

Second, looking at large collections of evidence of these shifts, it is evident that they cut across previously held sets of cultural beliefs and values differently, but according to a similar pattern. As an example, "growth in individual's sense of unique value, purpose and agency, and connection to all life" can be seen as a consistent post-NDE shift, although it may look and sound different, so to speak, on Kelsey than on Neil. For Neil, a relatively independent, self-directed, affluent, white male, already scheming to evade his family's expectation that he would complete medical school, the new growth values were love and service. His NDE aftereffects led him toward a new sense of connection to others, and an alternate career as a healer. Kelsey, the protected, obedient daughter of a close-knit, African-American family, already had loving connections, and, as a teacher, was already living from her spiritual values and sense of purpose. The impact of her NDE, cutting across her cultural beliefs and values, revealed to her the importance of honoring and developing her own, independent identity and unique perspective. God wants, through us, not

only the big picture, she came to realize, but each individual's unique view of the big picture.

But regardless of their backgrounds and differences, the experiencers in my study, like those in previous ones, tended to explain the effect of their NDEs in terms of giving them new or greater understanding of the importance: of spirituality or understanding life as sacred, of love and acceptance of others and self, of recognizing one's own life purpose, and—through these qualities—of serving others.

These are the new values that seemed both to shift informants' previously accepted cultural beliefs and values, as discussed, and to structure their narratives strangely. For instance, these values gave them narrators that died and were reborn, or were from the Pleiades, or simultaneously lived in multidimensional realities, or were the I Am That I am. These values made life histories two sentences long, fractured them into prism rays, turned them into reality-border tricksters' tales, even disguised them as narratives about amnesia or brain damage--thus obscuring the origin of value-shifts, but not their socially deconstructive, and life-altering effects.

Experiencers may, therefore, have integration needs that may be seen as “deficit” and/or “asset”-related. These are often not recognized and/or presented as such; either immediately or relatively soon after the NDE; or even decades later. My findings suggest that this is as likely to occur years or decades after the NDE as immediately following it, and that it is as likely to happen in psychiatrists' offices as in trauma or hospice care units. As suggested, these include such NDE disclosure-related needs as access to appropriate, accurate information, and/or to professionals

with adequate knowledge and expertise, about NDEs. Overall, apparently, health professionals, like individuals in the media, and the general public, including NDErs themselves, are not as well-informed as I had initially assumed they would be, even about NDEs, let alone about their life-altering aftereffects, and the difficulties encountered by individuals in integrating them.

NDE Misinformation in Medical and Death Education Texts

In my efforts to discover why many NDErs in my study found little support in their struggles to interpret and/or integrate their experiences, I was surprised to discover, not only in media reports and common usage, but also in medical and death education texts, that NDEs and their impact and aftereffects are misrepresented in a variety of ways. I was also surprised to learn how little substantive research, even within Near-Death Studies, has specifically addressed NDE aftereffects or NDE integration as central topics, let alone as health care and health and education topics. That is, I was surprised that so little research *on* NDEs was designed specifically to be *for* NDErs, to be of benefit to them and their medical and other health care providers.

First, for instance, even in recently published medical textbooks about death and dying, NDEs often are simply not mentioned at all. Two recent texts with no mention of NDEs are Spiro, Curnen, and Wandel's text, "prepared under the auspices of Program for Humanities in Medicine of the Yale University School of Medicine": *Facing Death: Where Culture, Religion, and Medicine Meet*, published in 1996 by Yale University Press; and *Approaching Death: Improving Care at the End of Life*,

edited by Field and Cassel for the Institute of Medicine, and published in 1997 by the National Academy Press.

Second, NDEs, when they are mentioned at all, are most typically discussed mainly in terms of whether or not they may be seen to prove life after death. This is true of Kastenbaum's *Death, Society, and Human Experience* (1991, pp. 315-324); Corr et al's *Death and Dying, Life and Living* (1997, pp. 525-531); and de Speeder's and Lee's *The Last Dance: Encountering Death and Dying* (1999, pp. 397-404). Certainly, this is an interesting debate, but from social and cultural perspectives, as well as health and death-and-dying perspectives, I would contend that the most significant features of NDEs are *their aftereffects and the impact these have on experiencers and others*.

Third, not only do such texts typically focus only on the experience itself, but they tend describe the experience (based on Ring's early model) as if it had five, discrete, invariable stages –rather than as an experience with various possible “core” elements which may occur in any order; which as stated does not match the great majority of experiencers' NDE accounts. Though I will not repeat them here, virtually the same sorts of criticisms can be made about this “five-stage” model as are made about the Kubler-Ross model (for example, by Corr et al, p. 525; and Moller, pp. 58-62). As Atwater observes, “the number one complaint made at Friends of IANDS meetings across the world, and for years now, has been and still is, ‘My experience does not match the classical model’” (Atwater, 1999b, p. 1).

Fourth, in describing “the NDE,” no mention at all is made of unpleasant NDEs or NDE elements. These experiences (whose aftereffects patterns, interestingly, do not seem to vary from those of “blissful NDEs”)—even though they are thought to be under-reported—may comprise up to fifteen percent of reported NDEs (Atwater, 1994, p. 41). Similarly, the full range of NDEs’ phenomenological elements is generally under-represented in texts outside of Near-Death Studies. All of the texts listed in this section which mention NDEs at all can serve as examples of these “misinformation problems.”

Fifth, medical and death-and-dying texts often contain other sorts of misinformation. This is true, for instance, with *How We Die: Reflections on Life’s Final Chapter* (Nuland, 1995). In this best-selling book, author Sherwin Nuland dismissively “question[s] the frequency of its [NDEs’] occurrence in circumstances other than those that are sudden” (p. 139). This notion can be seen to be completely unsubstantiated given the most cursory perusal of the literature. For instance, Ring found that illness-related NDEs were far more likely than trauma-related ones to contain all or most of the “core NDE elements” (Ring, 1980, pp. 157-158). And Callanan’s and Kelley’s research on “nearing-death awareness” involved only hospice patients, all of whose dying trajectories were prolonged rather than sudden or truncated (Callanan and Kelley, 1992).

For medical, health, and death-and-dying educators and care providers, and those they serve, the consequences of these sorts of misinformation are, I think, troubling. They include:

First, near-death experiencers are—to themselves, their significant others, and their medical and health care professionals—an apparently largely unknown and unrecognized population. For instance, although Sutherland’s research demonstrates that there are discrete NDE integration trajectory patterns, and difficulties (Sutherland, 1995), I found no information about them outside the Near-Death Studies field.

Second, there seem to be no protocols, or little awareness of them, which reliably would enable mental and other health care providers to recognize and identify individuals as near-death experiencers, and/or identify problems as NDE-integration related ones, whether or not the NDErs can do so.

Third, consequently, counselors and other health care providers are also kept from being able to respond appropriately to experiencers in clinical settings, a problem which Nagual and other NDErs in my study encountered, as noted; and one which has been previously documented. NDE accounts may be brushed aside, for instance, if they are disclosed at all. For example, in a recent study, “With one exception, the [51] experiencers interviewed who confided their near-death experiences to a health-care professional were told that their experience was meaningless” Cox-Chapman, 1995, p. 104).

Worse, if they do disclose them experiencers may be, and have been, not simply brushed aside, but diagnosed with mental disorders (e.g., Jacquin, 1999). This problem is particularly worrisome, since studies show that reactions from “medical experts,” particularly initial reactions, may have strong negative impact on

experiencers' NDE integration trajectory patterns. Integration of their experiences may be arrested, for instance (Sutherland, 1995, pp. 71-77). Because of the enormous impact NDEs typically have on experiencers, being unable to identify them as NDEs, having them dismissed, or having them mis-diagnosed or pathologized (e.g., as "hallucinations" or worse) can be extremely confusing and even frightening to patients.

Fourth, as explained in the next section, early-childhood near-death experiences (ECNDEs) are rarely identified until years and even decades have passed (Sutherland, 1995, pp. ; Atwater, 1999a, pp. 94, 121-127). [FN--Interestingly, this has been found to be true—as it was in my own case—even when one of the child's parents has also experienced an NDE (Atwater, 1999a, p. 125.)]

Until integration is well underway, depression is another well-documented effect of NDEs (e.g., Atwater, 1994, p. 220). As Carl Jung wrote after his experience:

[It was] a good three weeks . . . before I could truly make up my mind to live again. I could not eat because all food repelled me. The view of city and mountains from my sickbed seemed to me like painted curtain with black holes in it, or a tattered sheet of newspaper full of photographs that meant nothing (Jung, 1999, p. 292).

Similarly, well-known experiencer Betty Eadie, in her best-seller *Embraced by the Light* (1992), wrote that she was depressed for twelve years after her experience.

Sometimes, before or early in the integration process, experiencers may engage in behaviors that are potentially dangerous or destructive to themselves and

others, as experiencers P.M.H. Atwater and Kimberly Clark Sharp have both described (e.g., Atwater, 1995, p. 220). Although there is very little about this critical issue in the literature, a realistic representation of this tendency is portrayed in the film *Reckless*. After the protagonist's unlabeled near-death experience in a plane crash, he is repeatedly driven to challenge his inexplicable sense of invincibility by increasingly dangerous behavior.

This kind of extreme behavior—we well as severe anxieties sometimes connected with profound, unpleasant NDEs (or even with unlabeled, pleasant ones)—may be, it seems to me, symptomatic of post-traumatic stress disorder. Haisley, one of my four background informants who had profound, but medically anomalous, “spontaneous” NDEs, told me he was so stunned and overcome by his mystifying experience that, afterward, he simply “sat on the couch and stared at the wall” trying to figure out what had happened “for seven years.” He finally saw a television program about NDEs. While it provided him with a label for his experience, it did not provide a reasonable explanation for its occurrence.

These sorts of issues suggest that near-death experiencers comprise a substantial population with special health, and health education and counseling needs, before and during NDE integration. Suicide may not be an option for the majority of adult experiencers, for instance—even suicide attempters who have NDEs as a result have a recidivism rate of near-zero percent according to Greyson (*Need most recent Greyson cite*; Cox-Chapman, 1995, p. 119). But their post-NDE divorce rate has been found to be seventy-eight percent (Atwater, 1999, p. 107). Similarly, Sutherland

found that 23 of 24 respondents to a question about relationships reported serious strains with spouses or significant others after their NDEs (Sutherland, 1995, p. 151).

As near-death experiencer Pamela Kircher has noted of NDE aftereffects and their impact on experiencers and others:

When everything and everyone feels so connected, it is difficult to separate the needs of one's personal life and the lives of one's loved ones from the needs of relative strangers As we all know, it is extremely common after an NDE to change professions so that the NDEr has a [lower-paid] profession that is more service-oriented than before Those outcomes are not generally nearly so hard on the NDEr as they are on the family members. . . . *In my opinion, not nearly as much attention is paid to the family of NDErs as is required by compassion* (Kircher, 1998, p. 1; emphasis added).

Implications of NDE Aftereffects for the Health and Well-Being of Childhood

Experiencers

Atwater's recent study of 277 early-childhood experiencers [FN in which I participated as a subject] suggests that recall of NDEs in children may be far more frequent, and that their NDEs may occur in a broader range of health-compromising circumstances than do those of adults (Atwater, 1999a). Moreover, her findings suggest that children may have greater difficulty trying to interpret and integrate their experiences:

Childhood experiencers tend to repress their feelings until some unexpected incident (usually in adulthood [and often, according to Sutherland, involving the death of a child or parent]) triggers what lies

tucked away within their deepest self. Delayed aftereffects are commonplace. Regardless of the challenges adult experiencers face, kids have it tougher . . . too often there is a price to pay for such repression, not only in the increased probability of health challenges when older, but also in the individuals' feeling strangely empty or lost, agitated that something seems to be missing from his or her life that can't quite be identified or understood (Atwater, 1999a, pp. 94, 117).

So, if the majority of the 12 million or so adult experiencers in the U.S. may be unaware of themselves as NDErs, there may not only be a much-larger population of children in this situation; but also a population at greater risk for a variety of mental, physical, and developmental health problems. For example, Atwater found that:

One-third of those in my study . . . turned to alcohol for solace within five to 10 years of their near-death experiences . . . Over half dealt with serious bouts of depression afterwards . . . [and] twenty-one percent actually attempted suicide . . . Among adults, the near-death experience is, for the most part, a suicide deterrent. Unfortunately the same cannot be said of children (Atwater, 1999a, p. 93).

Among the psycho-physiological changes which Atwater found in connection with early-childhood NDEs (ECNDEs) include: abnormally low blood pressure; hyperesthesia (including unusual sensitivity to light, sound, and other environmental stimuli; as well as the tendency to affect electrical and electromagnetic systems); decreased tolerance of pharmaceuticals, extreme allergic reactions; changes in sleep patterns; loss of personality boundaries; aversion to violence; and psychic and other paranormal displays (e.g., telepathy, precognitive dreams). Clearly, this population is at risk for social-adjustment as well as health problems, since many of these

characteristic NDE aftereffects may provide ample reason for ridicule by other children.

Another serious pitfall faced by unidentified childhood experiencers is the similarity between other characteristic NDE aftereffects in children and symptoms of Attention Deficit Hyperactivity Disorder, which can and do lead to diagnoses of ADD (but *not* of “NDE”) including: genius-level IQ scores, fast rates of thought and speech, restlessness and acting out in school, intolerance of authority, and high levels of intuition and empathy (Atwater, 1999a, p. 116).

Atwater also found that, although childhood experiencers rarely feel as adults that they have achieved their full potential, which can of course be a serious stressor, fifty-seven percent of them reported long-lasting, stable marriages, and eighty percent expressed high levels of job satisfaction—rates much higher than for adult experiencers. (1999a, pp. 107, 113). Clearly, regardless of how much or little health professionals know about NDEs and their impact, NDE aftereffects can be seen to have negative as well as positive health implications.

As psychologist Kenneth Ring observed:

Many, I dare say, most, NDErs have a difficult time coming to terms with their experience, and the process of its integration into their lives may take a long time—and, certainly, in some cases, it does not occur at all. Longstanding relationships may be strained to and beyond the breaking point, marriages collapse, misunderstandings are common, and periods of painful introspection and even depression are not rare. The NDE, as we have seen, tends to turn a person’s life topsy-turvy, and the radical reorientation and personal courage to live out the truth

of one's NDE may be very taxing indeed, both to the NDEr and his or her family and friends Most people, when they hear . . . or read of NDEs, feel a certain amount of envy, wishing that they too could have the experience (without, to be sure, having to go to the trouble of nearly dying for the privilege). But if they could . . . they would soon realize that the NDE is often a mixed blessing and may continue to extract a high cost in suffering from the individual's life . . . (Ring, 1998, pp. 32-33, 35).

Or, as psychiatrist Bruce Greyson noted:

The promise of "cheap grace" may well be part of what has attracted to the NDE much of the public fascination with the phenomenon, but in reality the grace that is bestowed upon NDErs comes hand in hand with a very costly discipleship. . . . NDErs experience firsthand in their NDEs the painful consequences of their . . . behavior, and return to earthly life . . . understand[ing] from their own experience that their behavior does indeed matter, far more than they could have imagined. NDErs do not come back with a sense that they are perfect . . . as they are, but rather with the firsthand knowledge of how they must act [from now on]. They return not to bask in the reflected glory of amazing grace, but committed to living the Golden Rule and carrying out the work of a higher power, often at great emotional, as well as material, sacrifice. There is nothing cheap about this grace (Greyson, 1998, p. xii).

Chapter 6: Assessing and Addressing the Medical NDE Model and Research Context from Health Education and Social Crisis Perspective: Analysis and Conclusions

The problem of NDEs appears to tread similar territory to other problems of social and psychological marginalization. In that space, NDEs are areas of contested social meanings between modern-day “experts” of one persuasion or another, and individuals trying to make sense of experiences for which science and religion have poorly prepared them. Without a settled, agreed-upon set of meanings the status of NDEs, their passengers, and their public relationships with the outside world will always be ambiguous (Encyclopedia of Death and Dying, Me-Nu, Near-Death Experiences).

In this chapter I analyze my findings, and present the conclusions I have drawn from them. To make visible the framework I used for analysis, in the next section I will first establish a real-world, social-crisis context, and a health education and counseling perspective, which are both of central importance within the field of Death Education. I will explain the collectively-shared *health-care-focused concerns* which led to the formation of the field of Death Education and Counseling, and the development of its research standards, agenda, models, and professional organization. In contrast I will describe the very different circumstances which shaped Near-Death Studies and its research agenda, model, and organization—despite the roots and superficially similar kinds of objectives it shares with the field of Death Education. Relatedly, I will note and challenge what seems to be a widespread

presumption among professionals within and outside of Near-Death Studies that the needs of NDErs and their health care providers are being addressed by research in the field, and/or by membership or other resources offered by its research association.

Most centrally, based on the study findings and comparisons in chapter 5, in this section I will evaluate the medical NDE and research agenda in Near-Death Studies, using criteria for assessing appropriate research models and standards in health- and death-education and counseling. In light of this assessment, and my findings, I will identify additional evidence that Near-Death Studies leaders need greater professional competence and knowledge if they are to be credible and effective as providers of NDE health education courses and other resources.

My reformist qualitative research approach makes me accountable for “foregrounding” the needs and interests expressed by the near-death experiencers in this and previous studies. So, in describing the need for developing a new Near-Death Studies research agenda and model(s) which are adequate for health education and counseling purposes, in this chapter I will focus on the needs of NDErs and their health care givers.

But here, to “situate” myself professionally in Near-Death Studies, I first want to emphasize that these conclusions are also influenced by my thinking that addressing these needs represents an essential set of next steps, required for the sake of the credibility and professional development of the field, whatever the outcome of this effort. I will explain why, until initiating such a developmental process, I think the field will find its credibility resting on increasingly shaky ground.

Within this context, I will sketch out an alternative, social/health-education NDE model, to illustrate, based on my findings, the fundamental misalignment between the ways experiencers and researchers describe and interpret the significance of near-death experiences; and between the health-education-related integration needs of NDErs and the various, mainly unrelated interests of researchers. But I will explain the model's value at this juncture mainly as a first step in the collective effort I will describe as a required part of the process by which Near-Death Studies scholars, like those in any other scholarly discipline, must collectively and professionally define itself; and its work, its beneficiaries, and its value, in order to develop meaningful research agendas and suitable models.

While I will not walk through the same process of assessing the International Association for Near-Death Studies (IANDS), I believe I have already presented ample evidence in previous sections to be able to do so. Therefore here I am merely noting that along with a new research agenda and model, a restructured organization is also a high-priority objective for this process.

In connection with this discussion, I will describe Near-Death Studies as both an increasingly significant research arena, and an increasingly vulnerable one. In that arena, I will describe—in contrast to the Newtonian/Cartesian *material world view* of Western medical science--the *sacred world view* described, collectively, by NDErs in this and previous studies. And I will note its similarities and with the world views described by quantum theory, as well as by diverse indigenous knowledge systems and world wisdom traditions.

In light of the social and planetary crises and paradigm shift we are simultaneously negotiating, I will reflect on my accountability as a researcher-member of IANDS, for sensing the enormous potential social-wellness value of tens of millions of NDErs, and knowing that this is not being addressed in near-death-studies.

Last, with these considerations very much in mind, I will examine the significance of this interdisciplinary research project as a contribution to Near-Death Studies and Death Education, and in American Studies and ethnography. And will note some questions for further study which my project raises.

Context: Social and Planetary Crises as Critical Health Education Concerns

The purpose of this section is first to explain how I came to recognize, based on my findings, the need for developing a health-education-focused NDE research model and agenda, and for restructuring IANDS. Second, its purpose is to recognize NDEr-members of IANDS collectively as unacknowledged near-death experience experts as well as a critically important set of stake holders for purposes of determining the future and scope of the organization.

Representing a group of leading scholars and other professionals, who were collectively calling for action to address violence, warfare, poverty, economic exploitation, political oppression, planetary ecological crises, and other, critical, “horrendous-death”-related, social issues, health educator Daniel Leviton wrote:

We are not interested in being perceived as messengers of God urging repentance or promising a glorious hereafter, but we are soberly yet passionately devoted to motivating the global public to the need to

[act]. We are motivated by fear of global annihilation or a lowering of the standard of living so that the probability of our children and grandchildren living long and well is significantly reduced (Leviton, 1991, p. xv).

If we humans are to eliminate horrendous-type deaths we need to foster within ourselves and within all future generations a feeling of connectedness to all life and an awareness that violence ultimately jeopardizes the continuation of life. This is a complex and unprecedented challenge, one that we believe to be the critical challenge for research. . . . How can we foster a fundamental socio-cultural paradigm shift from separateness to connectedness? . . . We need to provide the support to risk moving from despair to empowerment. . . . A sense of responsibility and a global health ethic must be developed that result in action. [Change demands] courage, integrity, a sense of altruism, and a mission to serve future generations (Leviton, 1991, pp. 310, 321-322).

As a health researcher and educator, Leviton's social concerns also informed his involvement in the emergence of death, dying, and bereavement as significant contemporary health research and education concerns; and his agenda as founding president of the Association for Death Education and Counseling (ADEC).

In the last quarter of the twentieth century, as mentioned in chapter one, the pioneering role, work, and public influence of Elizabeth Kubler-Ross linked the emergence of the Hospice movement, the Death Education and Counseling movement and ADEC, and the field of Near-Death Studies and its international association, IANDS. A few leaders, including Robert Kastenbaum and Kubler-Ross herself, have contributed to the fields of Death Education and Hospice, as well as of

Near-Death Studies but, overall, these fields have developed separately, and with different agendas.

Hospice professionals have noted the value of NDE knowledge, in caring for the dying and their families (Ring, 1998). Two leading hospice professionals and educators, Maggie Callahan and Patricia Kelly, made a significant contribution to both hospice and Near-Death Studies in their study and research model of *nearing-death awareness* (NDA) experiences (Callanan and Kelly, 1992). But, overall, as will be explained, health care providers and educators concerned with the needs of the dying and bereaved may not be particularly knowledgeable about, or well served by Near-Death Studies research.

One reason for foregrounding Leviton's perspective, in introducing this concluding chapter, is that his statement of our collective, planetary crises, and of the need for commitment and collective action, echoed similar concerns of the majority of the NDErs in my study and many NDErs in previous studies, as the material in chapter five demonstrates. I think his concerns are likely to be shared by the majority of my fellow NDErs, and many of our colleagues in IANDS; as well as tens of millions of other NDErs in the U.S. and around the world.

To further situate myself, as his student, my thinking, and my purpose in writing this dissertation, were informed by these concerns. This chapter grew out of a Ph.D. comprehensive examination, which I researched and wrote under his direction, between my first and second, two-year phases of field work. The central issues I addressed concerned the value of NDE knowledge. What is the value, positive and negative, of having an NDE, for the health and well being of experiencers? What is

the value of NDE knowledge, therefore, for the fields of health, death-and-dying, and bereavement education and counseling? How might knowledge about NDEs, and the knowledge of experiencers, contribute to the health and well-being of society? Also, given our own society's dominant role and scientific complicity in creating the global crises, as the world's leading manufacturer and exporter of what Leviton termed "horrendous death" (1991): what is the value of NDEs, and of those who have had them, in serving the global community, and preserving the fragile web of all life on our planet? For ensuring a healthy future for the children of the world, and for their children's children?

Another reason for my foregrounding Leviton's social-crisis description as my context here, is that his and other leaders' interests in death and dying, and the intentional development of the Death Education field, and of ADEC were informed by shared backgrounds and expertise in human health and development, public health and social wellness, and other health-related education and research fields. It was this background and experience, I supposed, that led to his observation, after reading my completed examination, which included findings from my first two years of research, that there should be an organization of and for experiencers of NDEs.

Comparing the Origins and Development of Death Education and Near-Death Studies

By contrast with the health educators who pioneered the death and bereavement education movement and ADEC, according to IANDS history and the recollections of IANDS leaders (IANDS, 2006), the pioneers in Near-Death Studies—including Raymond Moody, John R. Audette, Kenneth Ring, and Bruce Greyson—

lacked such assets, and also had to deal with more difficult circumstances and liabilities. For example, IANDS' early leaders had more diverse scholarly and scientific backgrounds, and consequently lacked a collectively focused set of interests. So it is not surprising, according to my reading of IANDS history, that early as well as subsequent leaders have seemed to hold different, sometimes contradictory notions of their collective purpose and agenda.

Also, rather than starting out with an intentional purpose, a collectively-aligned, thoroughly considered, and professionally well-grounded set of NDE education and support-focused goals and objectives, and a research agenda and model designed to meet them, Near-Death Studies pioneers instead inherited from Moody's early research, by default, an already-popularized description of the NDE as a research model, and the open-ended medical-scientific research context that seemed to come with it (Moody, 1975).

Moody's popularization of the medical NDE was important, in that his description of the NDE, and the widespread interest that greeted it, challenged previous clinical descriptions of the phenomenon as a psychologically abnormal one, as mentioned in chapter one. Years of Near-Death Studies research, particularly pioneering studies and ongoing efforts by psychiatrist Bruce Greyson, led to re-assessment of the medical NDE as a profound and significant, if anomalous subjective or psychological phenomenon.

This has been a significant success, from my perspective. The de-pathologized reconstruction of the NDE as a valid and significant human experience, rather than an abnormal one, has validated it as an important subject for research,

across diverse scholarly disciplines. But this NDE re-categorization process has taken extensive time and effort, not surprisingly, and delayed consideration of other, model-related research concerns.

Meanwhile, after the NDE emerged as a cultural phenomenon in the mid-1970s, Moody, Greyson, and other Near-Death Studies pioneers found themselves facing an “explosion” of interest from the public, the media, researchers, and medical professionals. Recollections of these pioneers suggest they felt pressured to act expeditiously to create an organization to deal with this monumental show of interest.

Their recollections also sometimes characterize IANDS as Audette’s “brainchild” (IANDS, 2006, p. 1). Audette apparently successfully championed and led the initiative to create a single, multipurpose organization which would “bring NDErs, researchers, and the public together” in one research, education and support organization (p. 2). Looking back at the idealism and social activism of the 1960s and 1970s, one might conclude that early leaders, without a shared background and expertise in health education and counseling, were simply naive and uninformed, not intentionally without good intent in assuming that such a researcher-focused, yet somehow one-size-fits all organization, would or could benefit experiencers and researchers (and others) equally.

Their naivety, however, on closer inspection, does seem self-serving: According to Audette’s and other leaders’ recollections, first published in IANDS’ newsletter in 1999, the organization was always meant primarily to be “an association that would further the scientific study of NDEs,” but somehow, simply by doing so,

its founders imagined, it “would also serve as a support group *of sorts* for experiencers as well as a clearinghouse of information for the public at large” (p. 2, emphasis added).

At any rate, if NDErs needed support, they, or more specifically their NDE accounts were needed to support the agendas of researchers. Experiencers’ interpretations of the meaning of their experiences were, from the scientific point of view, of course, irrelevant. It was apparently only in the hands of experts, rather than those of experiencers, that:

The NDE presents an extraordinary and powerful tool in the quest to enlarge our collective understanding of death and what comes after death. . . .When the message of NDEs is fully understood and comprehended by humanity, there is the potential for ‘higher civilization’ and for massive transformation in the nature of political, economic, and social science systems on the global level (p. 3-4).

The recollections of IANDS leaders contain many similar sorts of statements about the importance of NDEs, but collectively they have little to say about the value or the role of NDErs in the organization, or the value of the organization *to* experiencers. With few exceptions—most notably, in the recollections of former IANDS president Diane Corcoran--NDErs seem to me to be almost like props in these narratives, there mainly as resources for the experts, supplying NDE accounts for researchers to study; or, “sharing a passion for IANDS mission,” to support it as volunteers, or as board members or officers of the organization, serving alongside professional members, but without the same institutional support, or access to similar status, resources, or influence.

Unfortunately, for experiencers convinced of the authority of the experts, even in token roles as “colleagues” of these experts, their non-status erased them as well as their expertise: “When someone with authority . . . describes the world and you are not in it, there is a moment of psychic disequilibrium, as if you looked in the mirror, and saw nothing” (Rich, 1993, p. xxi).

But the occasional valorization of NDErs—while telling their stories during sessions that are among the best-attended at IANDS conferences, for instance—along with their simultaneous marginalization and the suppression of their voices, has not served IANDS very well over time. Slowly, public interest in NDEs, or rather NDEs as mediated by the “experts,” has waned. So has the general level of knowledge about them. For instance, media reports now frequently conflate NDEs and “brushes with death.” Meanwhile, the “membership level of IANDS [is] decreasing” (Willis, p. 190, 2006).

This analysis is not meant to suggest that there is no good intent toward NDErs from others in IANDS; or that individual NDErs in IANDS do not benefit, to a greater or lesser extent, from being members; or that other NDErs are never benefited by the work of IANDS and its researchers—by the research of Sutherland and Atwater, for example, as demonstrated by material in the last chapter. The question raised in light of the findings of that chapter, overall, however is this: what percentage of tens of millions of NDErs has substantively been helped by IANDS and Near-Death Studies research? That is, as NDE education and support resources, how effective are IANDS and its Near-Death Studies research project?

Like founders' hopes for IANDS, my reformist research approach reflects high aspirations that a genuine, widely shared understanding of the significance of NDEs might have transformational impact. But my situated perspective has made me, perhaps, more "mindful of the structural processes that make race, gender, and class potentially repressive presences in daily life," however aware of unaware of them we, or others may be: "We have no choice; we are always already political, always already engaged" (Denzin and Lincoln, 2005, p.1084). If scientific interest in my NDE, instead of helping me to identify and integrate it, instead makes me invisible to myself and others as an expert about the meaning of my own experience, thus less able to recognize and fulfill my spiritual mission, then that interest is not serving my needs, but its own. As long as that is the case, "Blatant voyeurism in the name of science will continue to be challenged" (p. 1087).

Based on my analysis of the recollections of IANDS leaders and other IANDS and Near-Death Studies literature, the interest which they and other Near-Death Studies contributors have shared has not been the needs of experiencers or their health care providers. The focus in Near-Death Studies is on NDEs, or NDE accounts; the shared interest is near-death *experiences*, not near-death *experiencers*. For instance, the "unwinnable debate" between religion and science in Near-Death Studies, about whether NDEs do or do not prove survival, is a "turf" battle between adversarial sets of experts (Kellehear, p. viii), neither one of which seems particularly interested in the health needs, let alone the NDE knowledge of experiencers.

By contrast, the shared, health-education expertise of leaders in Death Education and Counseling allowed for their early development of a patient/client care-based ethic, a health education and Counseling focus, and, consequently, a research agenda driven by the needs and interests of the individuals whose experiences are the subject of study, and their health care providers.

My findings and experience suggests that forming an organization to address experiencers' needs and researchers' needs, as if they were the same thing, would have been an unlikely decision on the part of health educators or other education or counseling specialists. I imagine that this is why ADEC has researchers and health care providers as members, but cannot look among its own members to find dying and bereaved individuals for research.

This expertise also allowed them to develop a research agenda which specifically identifies research subjects as primarily beneficiaries of research, and a high degree of competency in developing and assessing appropriate research models and educational programs. In fact, according to Corr, Nabe, and Corr, "Death Education and Counseling has concentrated on an examination of the validity and value of educational messages in this field" (Corr, Nabe, and Corr, 1997, p. 10).

Realizing that education involves "cognitive, affective, behavioral, and valuational dimensions" (Corr et al, p. 12), leaders in the field realized that these dimensions required sensitivity not simply to what individuals know, but to "how they feel, how they behave, and what they value" (p. 13), and also an understanding of the importance of cultural diversity and difference as research and education issues (p. 111-139). It made them careful to acknowledge their own limitations, and need

for professional development and research in the cultural dimensions of death and dying, and other diversity-related issues; and for supporting research and other initiatives to address these needs.

To illustrate, to encourage research and interest in this area, ADEC sponsors an annual, international competition and prize for excellence in graduate research involving cross-cultural or other diversity issues in death and dying (which was awarded in 1998, for an earlier version of chapter two of this dissertation).

By contrast with the level of sophistication, cultural literacy, and professional knowledge suggested by these examples—and by ADEC’s noticeably more diverse membership—IANDS to my knowledge has never publicly recognized its lack of cultural, ethnic and other kinds of diversity, either as a developmental concern for the organization, or for the field and its research. Instead there is no indication that leaders in the field are aware of the importance of this issue, or of the issue of whether NDErs in IANDS, or those who participate in research, are demographically representative of NDErs overall.

This means that instead of being aware of and working to change the organization’s lack of cultural diversity, IANDS leaders seem to presume that they are completely culturally literate; and also that they know what NDErs need, and have the professional health education and counseling expertise required to meet these needs. Actually, my study findings and comparisons provide ample evidence that this is not the case; as do criticisms and complaints by NDErs in IANDS that the organization is *not* meeting their needs.

But in the field of Death Education, by first recognizing that dying, death, and bereavement are cross-cultural issues, as well as human health and social wellness concerns, leaders made issues of cultural difference, diversity, and sensitivity to one's own biases and limitations fundamental measures of health education and counseling competency, rather than incidental to their ability to meet the needs of specific individuals in specific cultural and social contexts.

The field was also specific and precise about designating its beneficiaries and exactly how and in what contexts it would benefit them. Leaders recognized three domains for its educational efforts, in order for the needs of specific individuals to be fully met—the personal, the social, and the public domains. The field's goals would be: “to enrich personal lives, inform and guide individuals in their personal transactions with society, and prepare individuals for their public roles as citizens and professionals within society” (Corr, Nabe, and Corr, 1997, p. 25).

To adequately address the health or Death Education and Counseling needs of individuals, therefore, education must also inform or otherwise benefit not only them and their health care providers, but their society, both its “populace and its representatives.” It must meet the formal and informal education needs of the public, as well as “contribute to policymaking” in relation to health and death and dying related issues, including those associated with “many of the moral problems of society (p. 25).

Among these, it identifies concerns mentioned by Leviton, above, as well as “all of the quandaries posed by modern medicine and its complex technologies” (Corr et al, pp. 12, 17, 24-25). In this context, and in relation to its core concerns of life,

death, grief, and human health and social well being, the professional competency of its professionals is addressed as a significant concern: “No one can expect a democratic system to function effectively when its educational underpinnings are inadequate” (p. 24).

In comparison with what I believe is a convincing demonstration of the expertise and knowledge reflected in the “educational messages” which meet the health-care based standards in Death Education, the messages in IANDS’ website and literature generally reflect health education and counseling interests, but they are unsophisticated, disconnected, and unaligned, overall. That is, if IANDS leaders see the health education and counseling needs of NDErs as a central focus, they do not provide evidence of having the level of knowledge needed for assessing or meeting these needs. IANDS mission statement--“Building global understanding of near-death experiences”--does not reflect a core interest in NDErs or meeting their needs. Similarly, IANDS’ scholarly journal also describes a much broader research interest: the “understanding of human consciousness and its relation to the life and death processes.”

Assessing the Medical NDE as a Health Education and Counseling Model

In my opinion, people who differ over what W.B. Gallie has called “essentially contested concepts” should sharpen debate on issues that divide them, rather than pretend to be bedfellows (Rosaldo, p. 233).

How useful is the medical NDE, described, in chapter 1 as a “profound subjective experience” or “psychological event,” often occurring at or near physical

death, and including, among various, possible phenomena, such elements as leaving the body, seeing other worldly beings, encountering the light, and/or having a life review? Based on my study findings and comparisons, discussed in chapter 5, is the medical NDE suitable for NDE integration-related health education and counseling purposes?

According to Corr, Nabe and Corr, health education and counseling models “should be appreciated and evaluated in terms of what they set out to do and what they actually accomplish.” That is, the model should indicate its specific purpose, and be evaluated according to its “usefulness for the purpose” (p. 21).

Thus, development of such models requires having particular, related knowledge and expertise, for instance, in learning needs assessment, in designing, developing, presenting, and evaluating needs-assessment-based educational resources to address those needs; as well as in setting appropriate objectives for the project or field, overall, and for its research agenda, since these will determine the purposes to be served by theoretical models, and other resources (p. 21.). It requires resolving such questions as these: what are the overall goals of the field or project? What are its specific objectives, and their success measures—how is progress toward reaching goals, and effectiveness in addressing objectives to be measured and evaluated? Who are the beneficiaries of the research project or field, and how, and in what circumstances, will it benefit them? What are their knowledge and other education and counseling needs and interests; and how are they to be identified and assessed? By what means can these needs and interests best be addressed?

The medical NDE model does not specify the specific purpose by which its usefulness should be assessed. However, given that IANDS' objectives involve NDE-related education, support, and research, and that its leaders have set, as a strategic plan priority, the development of accredited medical and health education courses (www.iansd.org), a primary purpose of the model must be to describe the NDE for the purpose of research, and, presumably, to help experiencers and health care providers to recognize and identify NDEs *as* NDEs.

As Atwater has observed, and my findings demonstrate, experiencers very often have difficulty recognizing their experiences as NDEs, because their experiences do not match the medical model's description (Atwater, 1999b, p. 1; 2006). As mentioned, as an NDEr, like many of the NDErs in my study, I found the model more an obstacle than a help in identifying my experience. As a researcher, I was surprised at how much variance I found among the elements and descriptions of NDEs; and, in light of how much more varied these experiences were than I had presumed, how misleading the model is, in its description of them. This kind of evidence suggests that the medical NDE is not a suitable health education and counseling model, since, in addition to many other sorts of criticisms from scholars and researchers, it has not proven *useful* in helping NDErs and others identify their experiences as NDEs.

By contrast with the medical NDE, to be an appropriate health or death and dying education model, a model's description of an experience must *match the descriptions of the individuals who have the experience*. This is important, not only to make sure that the research interest is adequately defined, but also because the

individuals who have the experience being studied and/or their health care providers *must be the primary beneficiaries of research*, as well as its subjects. Since theoretical models used in health education and counseling must be understood as “vehicles for assisting those they portray or their helpers,” they “should always be regarded as mere auxiliary concepts that can be laid aside.” They are “tools to assist understanding and helping.” Therefore,” they are misused when they block or distort interactions between the observer [or] helper and those who are the subjects of study [or] help” (Corr, Nabe and Corr, p. 22). Therefore:

The principal constraints on those who construct theoretical health education models are clarity and adequacy. By *clarity* is meant that a model must be explicit in its elements careful in their definition and consistent in their internal logic. Any model that could not identify its elements, explain their meaning and role, or show how they interact without self contradiction would be unacceptable on its face. Instead of enlightenment it would offer more puzzles of its own. Additionally a model must be characterized by adequacy or faithfulness in what it has to say about those aspects of the world that it purports to explain. If a model is not accurate in describing its subject or is incomplete, then it will fail to explain all that needed to be explained. (pp 20-21).

“The basic goal of all theoretical models is enlightenment,” and, particularly in health or death education, models should, therefore, “avoid burdening us with added problems of their own.” As a health education and counseling concern, the near-death experience, like dying, “is an experience of living persons,” and one with

profound significance and implications; “it is not just a matter of a malfunctioning heart or liver” (p. 22).

Clearly, according to these assessment criteria, given the findings presented in chapter five, the medical NDE does not seem to be an adequate or appropriate model for research or other NDE Education and Counseling purposes. My findings support Atwater’s observation, that, for the majority of experiencers, the medical NDE’s description of the experience is not what enables them to recognize their experiences as NDEs. Rather, “It is the pattern of physiological and psychological aftereffects which validates the experience” (Atwater, 2006). Consequently, I agree with her assessment that, as researchers in Near-Death Studies, “We’re using the wrong model” (Atwater, 2006).

This is a critical problem by itself, given that it is the dominant NDE research model, and that IANDS’ central concerns are NDE education, support, and research. Underscoring my own evaluation of the inadequacy of the model for health education and counseling purposes, there is additional, unrelated evidence of its inadequacy, for any research purposes: In a survey of “200 people who had published papers on NDEs,” it has been found, “There exists no consensus” about what the definition of the NDE is, or about how it should be described; or what criteria to use “for deciding whether someone has had an NDE.” Even “papers published in mainstream medical journals with ‘near-death experience’ in the title or in the text,” may use the NDE label inaccurately, to refer, for example, as noted earlier, “to close brushes with death,” or to delusional or other abnormal states. This problem, of course, makes it

“difficult to generalize across different studies” in the field, which seriously undermines the scholarly value of Near-Death Studies (Greyson, 2006).

Therefore, not only would it be “an invaluable project to negotiate some consensus among researchers about what NDEs are,” but, “*In fact, it’s hard to imagine how the field could ever progress or achieve respectability without that*” (Greyson, 2006; emphasis added).

Meanwhile, recent brain-mind research, and the questions of scholars in various disciplines interested in the study of human cognition and consciousness, have given the NDE greater significance as a research interest. This means that NDErs, estimated to comprise, variously, from three to eight percent of the adult population in the U.S. and some other Western societies, are also a more potentially significant group.

For me, it has been useful to think of the approximately 13 million experiencers in this country alone (Long, 2007), as a community whose size and potential cultural significance might be considered by comparing it with the once-similarly invisible LGBT community, in the U.S. and elsewhere—that is, the community of individuals who identify as lesbian, gay, bisexual, or transgender.

To locate myself, as a near-death experiencer and educator, and one who is trained as a campus LGBT ally, and proud of family and other ties to this community, I recognize many points of comparison between NDEr and LGBT individuals, and as social groups; and find them significant. These make me wonder: if Kinsey had been interested in NDEs instead of in the range of human sexual behavior, would a community of 13 million, or even 15 or 20 million NDErs now exist, as a

recognizable community, and a significant cultural influence in the United States, in place of the LGBT community? (Also, having done so much to de-pathologize the NDE, as Kinsey did to de-pathologize non-heterosexuality, might Bruce Greyson might one day be remembered as the Kinsey of Near-Death Studies research?)

This thought experiment has helped me at least to envision such a possibility, and to hope that my research contributes to this outcome, as Greyson's de-pathologizing of the NDE already has. I hope my work, like Atwater's, Sutherland's, Greyson's and others', leads to the emergence of the community of NDErs, and the "coming out" of trans-dimension individuals, as Kinsey's work contributed to the coming out of trans-gender and otherwise differently-gender-identified individuals. At the very least, such comparisons show me the limitations of thinking of science as an orderly, bias-free, value-neutral enterprise. They show me the benefits of thinking of science as a human, unpredictable enterprise, subject to all manner of influence and happenstance; and one that can work to the benefit as well as the disadvantage of research participants who are members of marginalized or suppressed social groups.

In any event, if increasing scientific interest in NDEs, and cultural awareness of NDErs presents leaders in Near-Death Studies and IANDS with greater influence, it also gives their project greater exposure. This makes it more vulnerable to any professional incompetencies or scholarly weaknesses, including unresolved conflicts of interest between NDErs and researchers, or among any groups of members and stakeholders.

Certainly, leaders in Near-Death Studies have been presented, almost from the beginning, with a parade of diverse critiques of the medical NDE model-

including Moody's, as indicated in chapter 1—and of the medical-scientific, Near-Death Studies research context. But, to my knowledge, none has identified and used these, or similar assessment criteria, to evaluate the adequacy of the medical NDE model and research context and/or suggest an alternative, on the basis of *the need to address the health education and counseling needs of experiencers*. For instance, I know of no other critique of the medical model which reflects the understanding that the NDE research model, to address these needs, must have a description of NDEs that matches experiencers' descriptions. Nor, except for P.M.H. Atwater, has anyone seemed to recognize that the model does *not* provide such a description.

This suggests that Near-Death Studies leaders, overall, need to increase their knowledge and expertise, to make IANDS and its research appropriate education and counseling resources. This will require sensitivity to NDErs, as colleagues and near-death experience experts—at the very least, for purposes of determining how the NDE model should describe their experiences. NDErs must be involved as partners in the process of developing the model, in order for it to be one that is suitable for meeting their needs; and as experts on what their NDE integration-related health education and other needs are.

NDEs as Numinous Dimension Explorations/No-Death Experiences

As we edge our way into the 21st century, looking back . . . we see more clearly how we were trapped by the 20th century and its iron cage of reason and rationality. Like a bird in a cage, for too long we were unable to see the pattern in which we were caught. Co-participants in a secular science of the social world, we became part of the problem.

Entangled in the ruling apparatuses that we wished to undo, we perpetuated systems of knowledge and power that we found, underneath, to be all too oppressive. It is not too late to get out of the cage (Denzin and Lincoln, p. 1087).

When I began this project, I had intended, based on the descriptions of the NDErs in my study, to propose my own alternative, social/health education model, based on my interpretation of NDEs as numinous dimension explorations— ethnographic journeys to dimensions of light, whose field notes are NDE accounts. I have come to appreciate that, as the previous section indicates, there is no point in endless proposals of new models which never displace the problem one; and also that this is a developmental issue and process, and requires an effort on the part of the community of IANDS and Near-Death Studies stake holders. And, for this effort, NDErs must be in the center, not silenced, nor at the margins.

I am presenting my thoughts about the model here, for purposes of discussion, first, to raise this topic in Near-Death Studies as a critically important one. Second, I do so to try to demonstrate what I have learned in simply listening to the differences in how experiencers and non-experiencers talk about NDEs: Experiencers and Near-Death Studies scholars are not, when they talk about NDEs, generally talking about the same things. Simply to provide one of numerous examples I have encountered, Audette's statement that "the NDE is a powerful tool" is a good example of a statement which would only make sense if you had not had a near-death experience; otherwise it is typical of the barrage of "NDE educational messages" which have very little relevance to the needs of NDErs and their health care providers. Third, I want to

suggest a connection between the cultural emergence of the NDE phenomenon and our in-process shift in scientific paradigm and cultural world view.

To non-experienced Near-Death Studies contributors, it seems, the NDE is a singular, subjective experience, which momentarily offers the vision of a greater reality, after which, it is imagined, NDErs again perceive and experience the material world just as they did before, and as non-NDErs do. But my research and my own experience convinces me that the NDE does not just happen to an individual who is, afterward, the same person in the same world. My model instead sees the NDEr as an ethnographic explorer of a sacred world, as did Patrick Gallagher (1982)—and, moreover, as the explorer of a world which is even more real, and has many more dimensions, than their former one. The model includes as essential elements, “culture shock,” and “counter shock,” to indicate that the NDE, for most people, is never “over” or finished. Instead, experientially, perceptually, and in other, equally undeniable ways, both the nature of identity, and the nature of the world, have been shifted, expanded, sacralized.

Atwater, Ring, and others recognize, in the pattern of NDE aftereffects, evidence of effects on cognition, perception and other functions which point to actual changes in brain functioning. My numinous dimensions model is meant to show that for many experiencers the NDE changes *one's world* as well as *one's identity* in terms of one's actual perception and experience of self and reality. This matches my experience, and it also explains why NDEs can and do have much broader and more dramatic, real-world impact than do other kinds of apparently similar-seeming subjective experiences, such as paranoid delusions or vivid dreams.

It is meant to explain why, therefore, such transformational, “visionary” experiences as NDEs so often can be seen to mark the lives of individuals who have been central figures in the emergence of new religions, wisdom traditions, and other social-revitalization movements (Caughey, 1984, pp. 237-240). It is also meant to reflect the fact that this greater sacred world is not unique to NDErs; but rather that it is reflected in the knowledge systems of diverse, ancient and extant indigenous peoples and wisdom traditions.

This is significant, because, as evolution biologist Elisabet Sahtouris learned, in researching the science and culture of Andean peoples, Western science seems to be the only one which limits reality to as few as our four, spatio-temporal, or *material* dimensions. In most cultures:

The universe is composed of ten or more dimensions. . . . This limitation necessarily obscures most of the existing universe. When phenomena of other dimensions insistently intrude on the four-dimensional world, they are seen as magical, miraculous, fearful or dangerous or they are denied existence and thus viewed as the fantasies of disturbed minds. Readers familiar with "Flatland," the hypothetical world of two dimensions, will recall how magical the passing of a three-dimensional ball through that world appears: a point appears from nowhere, expands into an ever-growing disk, then shrinks back to nothing and disappears. There is no way in a two-dimensional world to properly perceive or explain a three-dimensional phenomenon. Likewise, fifth-dimensional phenomena [such as non-material beings of light] . . . are mysterious and inexplicable (Sahtouris, 1995, p. 1).

As Sahtouris has observed, Western science's strangely attenuated world view has now become open to question, even within Western culture, but only because it now has a scientific perspective of its own—that of quantum physics—which adds back its missing dimensions, and the potential of a self with the non-local awareness to go with them. If this is ethnocentric, it is fortunate, at least, because the shrunken material world view and values of Western culture, as Leviton has noted, are being seen, even within Western culture, as increasingly dangerous not only to individuals in all societies, but to the future of the world's human population, and to the community of all life on our planet.

One difference Sahtouris has noted between the material world view of Western cultures and the sacred world view of indigenous ones, is that in the material world, science thinks of the world (and the cosmos) not as a living agent, “but as a non-living geological ball upon the surface of which, by some miracle, life sprang from non-life” (p. 7). But, after Chilean biologists Humberto Maturana and Francisco Varela, Sahtouris provides a “basic definition of life as autopoiesis, a Greek word meaning ‘self creation’ A living entity is one that continually creates its own parts [not necessarily through biological] growth or reproduction.” In fact, in the whirling spiral, whether seen in water or in the Milky Way, or in the black hole's torus spin, is a constant at all magnitudes of the natural world; and the whirlpool “is the simplest form of a living [or self-creating] entity” (p. 8).

At any rate, in this view, the Earth, though its “great recycling system of magma to rock to magma” along with “those of Earth's waters and atmosphere . . . supplies . . . materials to be incorporated into microbes, plants and animals. . . .

Thus, the planet regulates its temperature like a warm-blooded creature [and regulates] the delicate chemical balance in the composition of its atmosphere, seas and soils, further evidence” of the planet as a “great living cell or body.” And, like any living organism, the planet can function in this way “only because all its parts are in constant communication,” interdependent. Unlike Lovelock’s Gaia Hypothesis, autopoiesis provides a conceptualization for replacing the Newtonian “conceptualization of the Earth as a non-living mechanism . . . a machine” (p. 7). Given this model of the “entire cosmos as a living entity,” both the “ideas of an intelligent universe,” and the sacred world view which, from my perspective, NDErs often hold and express:

Begin to make much more sense than within the old mechanical model of a non-living universe, where [its] . . . obvious intelligence . . . could only be explained by proposing a Deus ex-machina, or God outside the great mechanism, God its inventor, or as Descartes called him, "the Grand Engineer"—a God whose existence western science denied, while keeping the idea of His machinery, which led to an illogical science, since machinery by definition cannot exist without an inventor” (p. 9).

My understanding of the NDE as a sacred world experience—or a new (or numinous) dimensions expedition (which is also, for every experiencer I have heard describe it, a no-death experience, as well) is validated by an emergent understanding, within our culture, of the importance of the ethics of planetary care-taking, explicit in the knowledge systems of many indigenous peoples, and now urgently needed, but lacking, in our own culture:

For twenty years I had been treated like an oddity by medical doctors in my own country. Now I had found a culture that had a name for people like me: lightning shamans. Through this Peruvian shaman I found a different identity. There were others like me, a whole history of people who had been enlightened by lightning. I was alone in my own country, but here on this mountaintop, I had found a category of people with whom I belonged (Brinkley, 1995, p. 207).

Significance of the Study – A “Situated” Perspective

We are living through one of the most fundamental shifts in history — a change in the actual belief structure of Western society. No economic, political, or military power can compare with the power of a change of mind. By deliberately changing their images of reality, people are changing the world (Harman, 1998).

This study breaks new ground as the first person-centered ethnographic research project in Near-Death Studies. Four years of participant-observation field work and multiple interviews— which positioned 50 near-death-experiencers as the *NDE experts*—were the basis for this comprehensive, interdisciplinary study. The study is particularly significant because it addresses the long-ignored research subject of how *experiencers* themselves describe their NDEs as profound, *subjective* experiences, and deal with the *real-world* social impact of these events. I identified a previously-unrecognized, health-education-and counseling-related *set of unmet NDE-integration needs*; and additional evidence that the medical NDE model is an inadequate health education and counseling model. Overall, the findings not only identify a critical need for development of an appropriate research agenda and model; and for restructuring the field’s organization; but also for addressing very

fundamental issues of professional knowledge and competency within the field as well.

The study is also an important contribution to the field of Death Education, because the field's professional education and counseling expertise informed my analysis of my findings, and my standards for assessing the value of Near-Death Studies to NDErs and their health care providers.

My ethnographic method, research topic, culture-and-consciousness focus, and findings make the study an important contribution to ethnography, for a number of reasons. For instance, NDEs are profound *subjective* experiences involving social-identity and consciousness shifts; and they have been seen to have medically-unexplained aftereffects patterns, and characteristic real-world impact which can have wide-scale social consequences. Also, in our increasingly diverse, contemporary Western society, it is significant that for individual experiencers this integration process can be seen to involve negotiation of multiple cultural meaning systems.

The project is also an important contribution to American Studies, in relation to the field's interest in cultural constructions of identity and difference. In particular, the project demonstrates how our disciplinary understanding of social identity may be affected by the in-progress shift in scientific paradigm and cultural world view.

Another value of the study as a contribution to all of these fields is the "reformist" research approach and values, discussed below, which it represents (Denzin and Lincoln, 2005).

This study, for instance, produced these findings partly as a result of the fact that it was meant to be *for* as well as *on* the 50 NDErs in my study. This is significant because my approach makes me accountable to them as *research partners*, not simply as *research subjects*. Because of these findings, which I owe to their support of this study, I am responsible for being their advocate; for using my work, and building on it, in ways that benefit them. In doing so, I hope my work will contribute to the value and development of Near-Death Studies research, and IANDS; and to the health and well-being of our society, and our world.

During my first two years of field work—and of my own NDE integration process—thanks to the hundreds of NDErs who were my daily contacts and NDE experts—I had *safe space*. That is, like participants in member-only settings such as AA and other recovery programs, minority student unions, LGBT-only “Rainbow Alliance” meetings, and similar peer-support and peer-counseling groups, I had ready access to the unmediated expertise and knowledge of hundreds of other NDErs, and a unique, powerfully supportive, peer-only, *NDE disclosure/integration context*. But such a context, and such safe space, does not yet exist for the experiencers in my study, or for tens of millions of other near-death experiencers.

So I must acknowledge, as a researcher who is also an NDEr, that my interest is far from being value-neutral or bias-free. It is, instead, firmly situated: My first loyalty, as I see it, is not to a discipline, or to my scholarly colleagues; it is to the NDErs in my study, and in IANDS, who are visible to me—and the ones beyond, who are not.

Value of the Study's Person Centered Ethnographic Research Method

To briefly summarize the value of the method and field work approach I used, it made my study and its participants atypical, or unique, compared to previous studies in the field, in the following ways:

First, it positioned the NDErs who participated in this study, not only as my research participants, but as the “experts” in defining, describing, and explaining the individual meaning and social significance of NDEs. This was a reasonable approach, for me, because they really were my experts. As I realized how atypical this made me, as a Near-Death Studies researcher, and how atypical it made the two other researchers whose work I used for comparison, given the value of our findings to other NDErs, I found our work, collectively, demonstrates how little NDErs are heard, as experts, by Near-Death Studies scholars, or, as mediated by them, outside of Near-Death Studies.

Second, by making informants’ self-generated life history narratives the subject of research interviews, my study’s interview protocol, and thus the contents of the interviews, were not shaped or limited by the medical NDE model. Rather, my approach encouraged experiencers’ to explore and explain the meaning of their NDEs within the context of the social circumstances and cultural realities of their own life histories.

Third, my method allowed me to study the meaning and impact of NDEs, not only through hearing and analyzing their life history narratives, but also by spending extended periods of time with them, and often some of their significant others, over

the course of at least three months, and in two cases, over more than a decade, as a participant-observer in their day-to-day lives.

Fourth, as described in chapter two, my approach involved seeking, as study participants, not “near-death experience survivors,” but individuals “who have had experiences like NDEs,” and using normal, ethnographic field work and personal contacts, rather than IANDS contacts and resources, for locating the majority of them: 29 of 50 participants, including nine of the ten in the core participants group, were engaged outside of IANDS; 21 from within it, or through it.

This approach allowed me to include in my study NDErs who were not affiliated with IANDS; and, who also had not previously identified themselves as NDErs, or even recognized their experiences as NDEs. It also allowed for participation by NDErs who knew, or suspected their experiences had been NDEs, but were disinterested in, and/or critical of the value of the medical NDE model, Near-Death Studies literature, and/or IANDS. These 29 NDErs made the study’s group of 50 participants highly atypical in these respects, but otherwise similar, for purposes of comparison, to the 50 NDErs in Sutherland’s study, and to other similarly sized groups of subjects in previous research studies. The differences which make them atypical, as Near-Death Studies research subjects, make them important as well, in light of my findings. Especially important is that none of these 29 non-IANDS-affiliated study participants indicated that either Near-Death Studies knowledge or IANDS had any value to them as NDE-integration resources.

Value of Comparing and Contextualizing Research and Findings

with Those of Two Other NDE Researchers

Using findings of a comparable study by Sutherland, and of a body of research by Atwater, for context and comparison, demonstrates that the three of us shared certain commonalities, for instance in our approaches and interests. This strengthens my findings; and, I think, helps compensate for weaknesses in the study—its relatively small core participant group, for example. Some of our similarities, as Near-Death Studies researchers, include:

- All three of us involved NDErs as primary research sources
- We have all primarily favored interview approaches which, while our research methods are different, allowed or encouraged NDErs in our studies to shape interview topics and contents, and, thus, determine findings
- We all were interested in NDErs—in their needs and interests, not just in NDEs
- Our research studies have been *for* as well as *about* the NDErs who participated in them; NDErs are meant to be beneficiaries of our studies
- A primary focus, for all three of us, has been NDE aftereffects and integration issues.

These commonalities are not typical feature in Near-Death Studies research. Collectively, our shared interests and approaches, as three near death experienced women, whose Near-Death Studies research earned doctoral or other, advanced degrees, make us a highly atypical group of Near-Death Studies researchers. This, too, I think, adds weight to my findings, and value to my study.

To further situate myself in relation to these two researchers, I am very aware that, if not for the questions answered by their research (and the generous access to

her time and expertise provided me by P.M.H Atwater), I think it is very likely I would still not have recognized myself as an NDEr. With a very small handful of other, exceptional colleagues, and their work—including Bruce Greyson, Kenneth Ring, Diane Corcoran, and Maggie Callanan–Sutherland and Atwater stand out as the experts whose studies and findings I have found to be, overall, most useful and least problematic to me, *as an NDEr*.

Being an NDEr and researcher, in the context of these two colleagues, and role models, and many other NDErs in IANDS, a number of whom also are or have been study participants, makes me confident that if my findings, analysis, and conclusions—however limited or biased by my circumstances—are useful to them, they will be useful for IANDS. Certainly my perspective has been informed by feedback on my analysis and findings from other NDErs affiliated with IANDS, as well as from those who participated in my study.

I intend this project to contribute to Near-Death Studies, and to benefit IANDS and, ideally, all of its members and stakeholders. But, in aligning my work with that of two other NDEr-researchers, and critically analyzing the value of the dominant, medical NDE research model and context, I hope particularly to support, engage, inspire, and/or otherwise benefit my fellow experiencer-members of IANDS, as agents of transformational—and of organizational—change.

Value of Incorporating New Ways of Thinking About Qualitative Research and Ethics

A value of this study is that it reflects new ways of thinking, among leading scholars and educators in cultural studies and the social sciences, about qualitative research approaches and ethics (Denzin and Lincoln, 2005). Given the profound

significance of such transformational experiences as NDEs, and the various, contested agendas, interests, and aspirations of experiencers, researchers, and other stakeholders in Near-Death Studies and IANDS, I think that these new research approaches have particular relevance, and that they will be of special interest.

Because my study participants' lives and accounts problematized the value of IANDS, the medical NDE model, and, implicitly or explicitly, medical-scientific NDE expertise, overall--and because of my own discomfort, in both of my roles, as an IANDS member--my approach required me to expand my research focus to include IANDS and its members. This shift of focus, particularly in contrast with my first two years of field work, made my last two years of field work, and developing the last chapters of this dissertation, uncomfortable and difficult. But I hope that I have demonstrated its value.

In brief, this new and, to me, confusing avenue of research, involving analysis of new kinds of narratives and texts, and all sorts of interactions and their various circumstances, ultimately convinced me that, when NDErs, and researchers who are not NDErs, describe NDEs, the significance of NDEs, and/or their interests in relation to NDEs, generally speaking, *they are not talking about the same things*. Also, it showed me that, as a result of not acknowledging and resolving this problem, IANDS has not dealt with an underlying conflict, which I see as a structurally-embedded one.

By comparison, according to former IANDS president John Anderson, it was a "philosophical schism," which "was emerging" in the mid-1980s. Unsurprisingly, it was between the "two major camps" of IANDS members which I have identified. As he describes it:

On one side were the scientists who wanted to better understand the underlying nature of the phenomenon we mistakenly called NDEs . . . [and who though their study, perhaps] would lead to an understanding of the meaning of life itself. . . The other faction was comprised of experiencers and care givers . . . [whose plea was] don't study me, help me. Exactly how is still unclear, but IANDS survived [the crisis]—just barely (http://www.iands.org/about_iands/iands/history.html).

I see as this schism as an original, structurally-embedded one. Within IANDS, and occasionally as Near-Death Studies contributors, by the time Anderson noticed the conflict, NDErs had already been commenting on it. They had already begun objecting to being reductively characterized, or pathologized, in the way Anderson has described them, above: “The NDEr is not a new client population for mental health practitioners,” and has not “come back [to physical reality merely to]. . . be reprogrammed into the same cultures and the same mistakes” (Geraci, 1987, p. 28).

One difficulty for me, in exploring such contradictions and conflicts, was that this new research interest produced a slippery, chaotic mix of new texts, sites, and interactions to my study, which made me feel uncertain and disoriented. This, as I came to realize, did not mean I had lost my way, or gone off track. In practical terms, I was being reoriented, as an ethnographer, nudged toward a “lateral field,” of greater ethical and cultural complexity, which demanded “working through complex scenes, levels, and multiple sites that connect the local to the global,” (Holmes and Marens, 2005, pp. 2004-5).

This reorienting of my research focus helped me identify IANDS as a “public sphere,” whose membership, as a community, might collectively “transform their ways of working so that problems and crises can be overcome” (Kemmis and McTaggart, 2005, pp. 559-605). I began to realize that my efforts were important; and that my confusion was understandable, and might even be useful rather than a problem or failing of my own (Kincheloe and McLaren, 2005, p. 396).

Such critical or “reformist” thinking about qualitative research validated and sharpened my focus on attending to social structures, and “interplays of structure and agency;” on who was and was not represented, in which contexts; who had more and less access to resources, including professional or “expert” status, and institutional affiliation and support (Kincheloe and McLaren, p. 316). “Situating” myself, I observed how difficult it was for me to foreground, or even hear, my own expertise; and, reflecting this observation, how seldom Near-Death Studies researchers seem to hear the needs, let alone seek out the expertise, of NDErs.

I shared the resistance of reformist researchers to the notion of objectivity and neutrality in traditional research, feeling it is more realistic to disclose my interests and agenda, acknowledge my perspective, or biases, and “announce” my “partisanship in the struggle for a better world,” (Kincheloe and McLaren, p. 305). To do so, specifically in relation to these concerns: If the needs and interests of NDErs are, overall, as poorly served by IANDS and its research project as my findings and experiences suggest, I don’t want to seem to validate or otherwise be complicit in that project; I feel compelled to work to change it. NDErs have helped me most, as an experiencer, much more than have the professionals in Near-Death

Studies. I don't want to collude in keeping my own and other NDErs' needs, and social value, from being served by those experts. I don't want to enable the continued appearance of professional competency, instead of contributing to development of competency of an organization, presumed to be effectively addressing the needs of tens of millions of NDErs, because it has a few hundred NDEr-members whose needs are presumably being addressed.

In short, the accountability I felt for the interests of my study participants from the beginning, ultimately has influenced my analysis as much as it did my approach. Both reflected a *feminist, communitarian ethic* (Christians, 2005; Denzin and Lincoln, p. 40). I appreciated the communitarian notion of the importance of a “collaborative, trusting, non-oppressive relationship” between researchers and those they seek to engage as study participants. “Such an ethic presumes investigators are committed to stressing personal accountability and caring” (Denzin and Lincoln, p. 40). This model gives research participants “a co-equal say in . . . research. . . what should be studied. . . [by] what methods . . . which findings are valid . . . how [they] are to be implemented” (p. 36).

The reformist movement of qualitative researchers foregrounds ecological and social justice concerns, and a community or collective focus, which is at odds with western scientific quantitative and earlier qualitative research shaped by the “Enlightenment model of positivism, value-free inquiry . . . and utilitarian ethics” (Denzin and Lincoln, p. 36). Reformist researchers are critical of the self-serving ethical standards of institutional review boards, whose main concern, in monitoring and minimizing risk to research subjects, is the protection of the research institution,

not of research subjects (p. 36). They make the “neutral non-committed form of inquiry . . . an impossibility” (p. 1085). Rather, “critical researchers enter into an investigation with their assumptions on the table, so no one is confused concerning the epistemological and political baggage they bring with them to the research site” (Kincheloe & McLaren, pp. 305-306).

A shared influence on these new approaches and ways of thinking, and on my own research (and pedagogy) was the work of Brazilian educator Paulo Freire. Freire was “always concerned with human suffering and the pedagogical and knowledge work that helped expose the genesis of it”:

Freire maintained that there are no traditionally defined objects of his research—he insisted on involving as partners in the research process, the people he studied as subjects. . . . Everyone involved in Freire’s critical research not just the researcher joined in the process of investigation, examination, criticism, and reinvestigation—everyone learned to see more critically, think at a more critical level, and to recognize the forces that subtly shape their lives (Kincheloe & McLaren, p. 305).

Another common influence on feminist communitarian research and other new approaches has been Bateson’s “sacred, existential epistemology,” which “recovers the moral values that were excluded by the rational, Enlightenment science project;” and “places us in a noncompetitive, nonhierarchical relationship to earth, to nature and to the larger world” (p. 36). It calls for “the values of empowerment, shared governance, care, solidarity, community, covenant, morally involved observers, and civic transformation” (Denzin and Lincoln, p. 36). Its ethic

“interrogates the ways in which race, class, and gender operate as important systems of oppression on the world” (p. 36). It validated my sense that the “researcher [is] responsible not to . . . a discipline (or institution) but rather to those studied” (p. 37).

Limitations and Weaknesses of Study

The two main weaknesses or limitations of my study are, first, its relatively small size; and, second, that it is a retrospective study, and can be criticized on the same grounds which have been used to criticize such research in the field, overall, as described in chapter 1. At the same time, my interpretations of my findings in key ways match those of some more recent, prospective researchers mentioned in chapter one. To address this weakness, this method could be used in future, prospective NDE studies. Similarly, further research could involve larger groups of NDErs, and also could be used in the process of developing and assessing NDE research models.

Questions for Further Study

Some question raised by my study include these: How typical of NDErs, overall, are those who are aware of, and have sought out Near-Death Studies literature and/or IANDS, and thus become available for research? For instance, given what seems to me to be a lack of ethnic diversity in IANDS, in comparison to society overall, to what extent has this lack of diversity been reflected in groups of NDErs who comprise primary research sources, or otherwise contribute? How typical of NDErs overall, are those who participated in my study, or in the studies of Sutherland and Atwater; and problematized the value of the medical NDE model and research, by, for example, their lack of interest of interest in Near-Death Studies and/or

IANDS; or their difficulty identifying their NDEs, as NDEs, even if they were aware of the medical NDE model?

To the extent that the relatively few NDErs who do become engaged in IANDS research are *not* typical— not demographically or ethnically representative of NDErs in the U.S. or elsewhere—for instance, in terms of the cultural diversity of NDErs overall, or in terms of their awareness of and interest in medical Near-Death Studies—how does this affect what is known about the needs and the NDEs of the much larger population who are not available to researchers? For instance, about individuals from ethnic or socioeconomic populations which are under-represented in research studies?

And how does this affect IANDS, for instance in terms of its sensitivity to issues related to cultural diversity, as a professional NDE research, education, and support organization?

What measures are IANDS leaders using, to assess the value and effectiveness of Near-Death Studies research, the medical NDE model, and other IANDS resources, and their own expertise and competencies, for addressing the needs of NDErs and their health care providers; or for meeting other organizational education and support objectives? What approaches are being used for identifying and assessing the education and counseling needs of NDErs, for example? Or for developing and assessing the effectiveness of health education programs or other resources to meet those needs?

Finally, what measures have IANDS leaders used, to assess the value of IANDS and its various resources to NDErs as members? For instance, to assess

IANDS as an appropriate and a supportive NDE disclosure and NDE integration context?

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