

### **Why NDEs Bring Comfort to the Ill and Bereaved : Handout**

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***Near-Death Experiences: 30 Years of Research*** : Implications for health care professionals and others interested in this phenomenon

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Vaclav Havel wrote in one of his books: *“Hope is not the conviction that something will turn out well but the certainty that something makes sense, regardless of how it turns out”*

### **The light in times of ordeal**

NDEs offer

- a new perspective of death... and life
- the possibility of survival of consciousness after bodily death
- a softer conception of physical death
  
- ◆ “Practical applications”: NDE material should be at the disposition - if they so wish - of the ill and the terminally ill, the bereaved and, more generally, of everybody who is sensitive to the finality of the human destiny
- ◆ Faith versus experience
- ◆ For NDErs, survival is not a speculative mind construct but an unshakeable certainty
- ◆ The insights of NDEs can be transmitted vicariously : the “benign virus” theory of Kenneth Ring
- ◆ Firsthand accounts of NDEs unmask death as an illusion (Ganga Stone)
- ◆ Intensified death awareness, opening up to spirituality and belief in the authenticity of the inner voice - “process of reenchantment” (Raymond Lee)

### **The needs of terminally ill and dying persons**

- ◆ When no hope is left for physical recovery, then it’s the last opportunity to talk about NDEs
- ◆ Information about NDE material should be seen as one of the available resources for the assistance of ill and terminally ill persons
- ◆ Terminally ill children and adolescents did not get the chance yet to construct their own personal believe system – more than adults, they need spiritual support
- ◆ Petzold and Frankl research demonstrates that a positive attitude allows patients to cope much better with aggressive treatments like chemotherapy and their side effects

- ◆ Importance of attitude and quest of meaning for the healing process

### **Two research projects amongst others in Europe**

1. Research project using the positive effect of light for the treatment of physical diseases, psychological disorders and anxiety states. First results show that exercises of imagination on the basis of relaxation (such as autogenous training) linked with light provoke substantial and lasting relieve : Engelbert Winkler and Evelyn Elsaesser-Valarino.
2. Comparison of NDEs with individuals who experienced traumatizing life events such as cancer. Assumption : NDEs have a greater impact on spiritual orientation and the individual's changes in belief systems and attitudes that traumatizing events such as cancer without an NDE : Petra Permenschlager.

### **Comfort brought by NDEs to the terminally ill, the dying and the bereaved**

- ◆ NDEs are comforting because they bring *meaning* to extreme life crisis like illness and dying
- ◆ The meaning provided by NDEs stems from the new *perspective* they provide, they imply that, when dying, human beings change state, they do not cease to exist as beings – the theory of the “absolute being” by Evelyn Elsaesser-Valarino
- ◆ NDE material can help individuals move faster from the stages of anger and depression, identified by Elisabeth Kubler-Ross, to acceptance

### **Dealing with the grief of bereavement : from NDEs to ADCs**

- ◆ NDEs instruct us not to sorrow in excess for our deceased significant others
- ◆ Loosing a loved person is not easy and will never be, the stronger the love bond was (and remains), the deeper the mourning will be
- ◆ The single most relevant variety of death-related experience – which represents a direct and obvious extension of the NDE itself – would be “after-death communications” (ADCs)

#### ***Spontaneous ADCs***

- ⇒ *Spontaneous* and *direct* after-death communications without the use of mediums, rituals, or devices of any kind, are common experiences, ~ 50-100 million Americans, or 20-40% of the population experimented at least one such event (Bill and Judith Guggenheim)
- ⇒ Louis LaGrand, a distinguished Service Professor Emeritus at the State University of New York and grief counselor, appears to have come to believe in the authenticity of what he calls “extraordinary experiences” after 15 years of practice

#### ***Induced ADCs***

- ⇒ In 1992, Raymond Moody reported about ADCs induced by mirror gazing, based on the techniques developed by the ancient Greeks

- ⇒ Allan Botkin induces after-death communications with *Eye Movement desensitization and reprocessing* (EMDR) technique as a therapy for grief and trauma, 96% of participants reported full resolution of grief following the ADC
- ⇒ Bruce Horacek states that “resolving grief trauma” is not the same as resolving the basic sense of loss

### **Nearing Death Awareness (NDAs) and other death-related phenomena**

- ◆ The expression “Nearing death awareness” (NDA) was coined in 1992 by nurses Maggie Callanan and Patricia Kelley, it replaces the older term “Death-bed visions”
- ◆ NDAs seem to be glimpses into another plane of existence, visions of and communication with dead significant ones or spiritual beings
- ◆ This enlarged state of consciousness can be compared to a double vision, since both worlds seem to be there for the dying person simultaneously and it is difficult for them to know which is which and who is in which world
- ◆ If the dying persons are reassured that their experiences are perfectly normal for this stage of life, they usually trigger a strong sense of peace and calm and an immediate relief of the fear of dying
- ◆ NDAs are a gift, as much for the dying whose agony is transcended by these visions as for their family and friends who see their loved ones depart in peace, though they cannot see those apparitions or hear their secret conversations
- ◆ Karlis Osis and Elendur Haraldsson state in “At the hour of Death” that some 84% of dying patients had visions of dead relatives who had a close relationship to them
- ◆ Marilyn Webb states that “*the language of the dying is symbolic. If you listen, they tell you what the other world is like because they are a window into that other world*” (“The Good Death”)
- ◆ The case of a woman in an Austrian hospital who heard “celestial music” without being aware that she was in immediate proximity of three corpses

Near-death experiences, nearing-death awareness and after-death communications are not the same phenomena, but they seem to be of the same nature. The question remains open if they stem from the same source.

### **Caregivers**

- ◆ Professional care of terminally ill and dying persons requires a personal reflection about death
- ◆ Spiritual rather than religious attitude is required
- ◆ Congruent with the views of NDErs who tend to designate themselves as spiritual rather than as religious (Cherie Sutherland)
- ◆ Seriously ill individuals open themselves for maturing and spiritual growth
- ◆ Extreme life crises like serious or terminal illness are also opportunities, virtually all religions link suffering and illness with spirituality (the “holy illness” is part of the shamanic initiation)
- ◆ NDE knowledge of caregivers in 1995: 71% of American caregivers in intensive care and emergency units were familiar with the phenomenon (Orne)

- ◆ Caregivers are bound to observe parapsychological events in their daily practice (Linda Morris and Kathleen Knafel)

### **Training of physicians and nurses**

The caregivers and chaplains response should:

- ✓ be based on a good knowledge of NDEs and related phenomena
- ✓ in case of the possible occurrence of an NDE (for instance after a successful resuscitation or any period of unconsciousness) this topic should be addressed cautiously
- ✓ they should offer a full attention to the patients account and try to meet their emotional and spiritual needs
- ✓ they should avoid an unsolicited interpretation of the event but rather invite the patients to elaborate their own interpretation and, if they so wish, ponder it together
- ✓ they will always offer a nonjudgmental attitude
- ✓ they should make the patients feel comfortable to talk about the event and, if necessary, tell them that these experiences are well-known and are not due to psychiatric dysfunctions
- ✓ they should invite them to talk about the experience as many times as they wish and include family and friends in the dialogue
- ✓ they could recommend books dealing with NDEs, testimonies or scientific research, and it would be useful to have some NDE books in the library of the hospital in case the patient feels strong enough to start studying NDEs in the hospital setting
- ✓ they could inform about IANDS support groups located in the area of the patient
- ✓ they should *never* downgrade the experiences or interpret them like hallucinations, for example due to medication

### **The ultimate decision is individual...**

Trust is the result of a personal reflection and spiritual evolution, indeed nourished by experiences of others (NDEs) and the insights they trigger put at disposal by researchers, yet ultimately it is a personal decision. The concern of NDE researchers is to spread the information, but everyone must trace their own path towards their truth, that is the price of freedom, the price that must be paid for our choices which, solely, will hold in the face of the final step which we all must take alone.