

ADULTS' NEAR-DEATH STATES:

A TRANSFORMATION OF

CONSCIOUSNESS



by P.M.H. Atwater, L.H.D.

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ABSTRACT: Any consideration of near-death experiences must also address aftereffects and the challenge of integration. If this is done, keeping the experience in context with the before and after lives of the experiencers, surprising observations arise that many times are at variance with what is reported in the popular press. This article focuses on adult experiencers, and how the larger patterning that presents itself from the phenomenon relates to the issue of consciousness transformations and spirituality.

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No one can validate a near-death experience except the one who experienced it. The thrust, then, of near-death research is to identify elements and patterns of occurrence, aftereffects and implications, in an attempt to understand how and why the phenomenon happens and what can be learned from it - especially as concerns an examination of existence and the prospect of life after death.

Research on the phenomenon goes back over a century, but didn't take root as a scientific discipline until after Raymond A. Moody, Jr., M.D. coined the term "near-death experience" and published his first book, *Life After Life*, in 1975 [1]. Kenneth Ring, Ph.D., by scientifically verifying Moody's work in 1980 with *Life At Death* [2], opened wide the floodgates of inquiry for serious professionals.

Background Information About My Research Methodology

I entered the field of inquiry in November, 1978, after visiting with Elisabeth Kübler-Ross, M.D. and learning from her that what I had experienced the year before had an official name and description. She never mentioned Raymond Moody or his book, nor did I hear of either until several years later when Kenneth Ring bought my self-published rendering, *I Died Three Times in 1977* [3], and located me via telephone. After a brief stay, he was excited to discover that independently I had been researching the near-death experience and had amassed a great deal of material. Soon after, I became a columnist for Vital Signs Magazine, a publication of the International Association For Near-Death Studies (IANDS[4]), and began to share some of the observations I had made - observations that became *Coming Back To Life* [5].

To understand my approach to research, you need to realize that my "agenda" is a little different than most others in the field. My job, as I was shown during my third near-death experience, is to bring clarity and perspective to the phenomenon and to test the validity of its revelation. Never has it been my interest or intent to verify or challenge anyone else's work. As the "fates" would have it, though, my findings have indeed become a challenge to the so-called "classical model."

I am a field worker whose primary specialty is interviews and observation/analysis. I cross-check everything I do at least four times with different people in different parts of the country, as a way to ensure any bias I may have as an experimenter will not cloud my perception. Questionnaires for me are auxiliary, used only to further examine certain aspects of near-death states. All of my work is original. Whenever possible I also interview "significant others" as well as experiencers. This work has been a full-time profession for me in addition to employment that "paid for groceries." To date, I have interviewed over 3,000 adult and 277 child experiencers. This number doubles if you include the interview sessions I conducted between 1966 and 1976 in an effort to understand altered states of consciousness, mystical and spiritual experiences.

My style is straightforward. I ask open-ended questions, such as "What happened to you?" If I want to know more, I signal that intent with forward body movement, a tilt of my head, a smile, and the magical word "and...." Never do I just listen, I "watch," while keenly aware of feelings and sensations. The "dance" we humans engage in as we relate to one another is quite revealing.

Twenty-Five Plus Years Of Researching The Near-Death Phenomenon

Since beginning my research of near-death states in 1978, and with the experiments and investigations I conducted during the sixties as concerns the dynamics of spiritual transformations, I kept noticing correlations between what children go through when they discover life potentials and what adults go through when they *rediscover* the same thing.

I began to ask: What if the consciousness shift that occurs in near-death and similar transformative states is actually the outworking of a natural process of human adaptation to the stress of evolutionary change?

What if the "otherworld journeys" we experience during such shifts are really our brain's way of sifting through and reassessing the early thought models and

patterning it originally adopted and updated during the span of its existence, however short or long that timespan?

What if a transformation of consciousness, no matter how it is caused, is but a "housecleaning" mechanism that sets the stage in the brain for higher and greater levels of mind to emerge?

The shift I refer to happens to people who undergo a transformation of consciousness. Two basic conditions describe how such shifts usually occur: suddenly or under turbulent conditions (i.e., religious "Baptisms of The Holy Spirit," near-death episodes, shamanic vision quests, kundalini breakthroughs, from certain types of head trauma or being hit by lightning); or from slower, more tranquil means (i.e., spiritual or religious disciplines, rituals/worship, meditation, mindfulness techniques, or because in a prayerful state of mind an individual simply desires to become a better person).

You can tell if someone is in the process of shifting, or had a partial or full shift in consciousness, by the type of altered behavior traits displayed during and after.

Richard Maurice Bucke, M.D., in his classic book *Cosmic Consciousness* [6], details how to recognize such people (he focused on adults):

- ** They report having seen a brilliant or blinding light where everything caught in that light took on enhanced or enlarged characteristics.
- ** Afterward, they exhibit moral and upright behavior and express a greater duty to God and the upliftment of humankind.
- ** They feel "reborn" after having been immersed in the love of God and the illuminating knowledge of all things.
- ** Thinking is replaced by knowing as they come to realize they are divine beings and immortal because of that divinity.

- ** Death loses its meaning as they identify more with soul than with body.
- ** Evil is understood as good misused, since the origination and purpose of all things are essentially good in God's eyes.
- ** The actual moment of "awakening" is always unexpected and can last for minutes, hours, or even days.
- ** Latent abilities surface as well as a hunger to learn, express, and grow; intelligence increases, sometimes to the point of genius.
- ** The enlightenment usually happens to mature adults who are somehow "ready" for the energy changes that occur.
- ** Such individuals seem divinely guided afterward, and become so magnetic that people and animals are drawn to them.
- ** There is a marked change in appearance as if they have become "new" or at least different.

(Refer to *Coming Back To Life* for an in-depth discussion of Bucke's study, including his puzzlement over the emergence of psychic abilities as an aftereffect.)

My rendition of the pattern follows, presented as a profile of how one can take the most commonly reported psychological and physiological aftereffects of near-death states and use them as a model to explore what a transformation of consciousness might be - a brain shift/spirit shift. Note the similarity between Bucke's work and my own. (*Beyond The Light* [7], *Children of the New Millennium* [8], and *The New Children and Near-Death Experiences* [9], contain a comprehensive presentation of this profile.)

MAJOR CHARACTERISTICS

DISPLAYED BY PEOPLE WHO HAVE GONE THROUGH
A BRAIN SHIFT/SPIRIT SHIFT

- * Physiological: Changes in thought processing (switch from sequential/selective thinking to clustered thinking - comfortable with ambiguity), insatiable curiosity, heightened intelligence, more creative and inventive, unusual sensitivity to light and sound, substantially more or less energy (even energy surges, oftentimes more sexual), reversal of body clock, lower blood pressure, accelerated metabolic and substance absorption rates (decreased tolerance of pharmaceuticals and chemically treated products), multiple sensing (synesthesia), electrical sensitivity, increased allergies or sensitivities, a preference for more vegetables and grains and less of meat (with adults, not true with children), physically younger looking (before and after photos can differ).

- * Psychological: Loss of the fear of death, more spiritual (view of God based on personal experience), less religious (view of God based on dogmas and standards), abstract easily, philosophical, can go through lengthy bouts of depression, disregard for time, more generous and charitable, form expansive concepts of love while at the same time challenged to initiate and maintain satisfying relationships, "inner child" issues (unfinished business from childhood) exaggerate, less competitive, convinced of a life purpose, rejection of previous limitations and norms, heightened sensations of taste-touch-texture-smell, increased psychic ability plus an awareness of future, charismatic, more child-like (with adults) and more mature (with children), less stressed, more detached and objective (dissociation), "merge" easily (become "one with" whatever is focused on/absorption), hunger for knowledge and learning.

- * Note: Characteristics can be positive or negative, depending on application. With my research of near-death experiencers, I found the spread of impact from these shifts to be as follows (1994 figures) - 21% claimed no discernible changes afterward, 60% reported significant changes, while 19% said changes were so radical they felt as if they had become another person. Based on my previous investigations of spiritual awakening/enlightenment, these percentages seem to fit across the board with the universal experience of consciousness transformations, regardless of cause.

If you study this profile carefully, then compare it to Bucke's version, you will notice that most of the characteristics either of us list are suggestive, not only of a spiritual shift in personal behavior (attitudinal differences), but of a structural, chemical, and functional change that could have taken place in the experiencer's brain (physical alterations). These changes can be linked to that moment of awakening/enlightenment.

Children contend with the same aftereffects as do adults, but how they handle them differs. For kids, theirs is the unique challenge of juggling the reality of two worlds, both of them HOME, while attempting to fit in, keep pace, and grow up in a fashion acceptable to the society that will judge them harshly should they deviate from the norm [10]. The full import of the aftereffects seldom is felt or recognized until the child reaches maturity, sometimes even thirty to forty years later, as youngsters tend to compensate rather than integrate.

Since an examination of possible alterations in brain structure, the nerve and digestive systems, is outside the scope of this paper, I will explore the range of cases, examples to consider, phases of integration, and therapy suggestions, throughout the remaining pages with the goal of enabling the community at large to improve the way they respond to the aftereffects of transformative states of consciousness.

The Range of Cases and Imagery

The latest poll taken on near-death states (U. S. News & World Report, March 1997) estimated that fifteen million Americans had a near-death experience. This figures out to be about a third of those who brush death, nearly die, or who are considered clinically dead but later revive or are resuscitated. The survey did not address episodes experienced by children.

What I found to be commonplace with the near-death phenomenon:

- ** These experiences are valid events, more intensely real than dreams.
- ** The closer to physical death, the more apt people are to have them.
- ** Drugs impede the experience, nor does it relate to lack of oxygen.
- ** Length of time without vital signs averages between 5 to 20 minutes (an hour or so is not unusual - experiencers occasionally revive in the morgue).
- ** No matter how long without vital signs, little or no brain damage is evident - rather - there is generally brain enhancement (increased intelligence).
- ** A pattern of physiological and psychological aftereffects follow (its impact can be lifelong).
- ** The individual changes in significant ways, usually for the better.

When studying the range of cases one encounters, it is helpful to realize that multiple experiences are as common with kids as they are with adults. The record holder for having had the greatest number of near-death episodes in my research base is a man who claims to have had a total of 23 such events throughout his lifetime, beginning shortly after birth. The man, who asked to remain anonymous, came into this world with severe physical handicaps and was not expected to live. He was in his late forties when I interviewed him. After countless surgeries and various health crises, he felt he never could have survived as long as he had without the healing strength he gained from each near-death experience.

Well over 50% of the children's cases in my research came from drowning incidents; the rest were fairly evenly divided between major surgery, suffocation, tonsillectomies, and parent or sibling abuse (others came from high fever and being hit by lightning). For adults, cause of death was more gender specific: a little over half of the men I contacted "died" because of heart-related ailments while another 30% were involved in some form of violence; a whopping 70% of the women experienced their episode during childbirth, miscarriage, or hysterectomies. If we

look at this gender-specific adult death pattern symbolically, we would notice correlations between males repressing their feelings and violent outbursts/accidents/heart trouble; and females facing the fear of forces beyond the self, risking as they do the outcome of major life passages.

Medical mistakes readily surface in near-death scenarios. They may be "goofs," as when the patient while out-of-body witnesses what the doctor or nurse *really* did; or they may show up as an unusual percentage of people "dying" from a non-threatening procedure, such as with children across the country who for most of the 20th century were routinely overdosed with ether during tonsillectomies (correction made in the late seventies). The accuracy of these reports and their frequency suggests that the range of human faculties is as "non-local" as that of the mind.

Descriptions of heaven and hell, along with a vast array of imagery and light effects, are reported. Curiously, for those who are greeted by angels or claim to see God, when that figure is challenged - "Is that what you really look like?" - the winged or holy one bursts into a brilliant light source that is perceived by the experiencer as the fullness of love itself, pure bliss.

Individual comfort levels (personal receptivity) appear to determine, at least initially, the import otherworld imagery most often has (i.e., the "greeter" being a devil, an angel, or a living person). Once the individual is alerted or relaxed by what is met, the episode deepens appreciably. Saying a prayer or calling out for God's help seems to make a difference in what is encountered; sometimes the act of surrendering to the experience is enough to alter the scenario.

Expectations (or "need") have a part to play, as well. Consider the fact that loved ones already dead who greet the experiencer, and that includes pets and other animals, are always described as healthy, glowing, somewhat younger or in their prime, or at least appearing at an age more familiar to the individual seeing them. Those most influenced by fundamentalistic religions are the ones who usually describe hell as hot and fiery; the rest (the vast majority of people who report unpleasant episodes) claim hell is cold, icy, hard, or devoid of temperature.

Repeatedly, experiencers say, "I needed this," as if their episode were purposeful - a growth event that facilitates real change and true healing in their life.

If you keep the experiencer's life *in context* with his or her near-death event, you will recognize links, connections, and correlations between what was faced in death and what was welcomed or avoided while living. The only exception I've found to this is with infants, yet there are links one can make with them, too - between the expectations their parents harbored at the time, and what became important for the child as he or she matured.

Viewing the near-death phenomenon in this manner, I was able to identify four distinctive types of experiences plus a general psychological profile that seemed predominant within each category:

THE FOUR TYPES OF NEAR-DEATH EXPERIENCES

Initial Experience (sometimes referred to as the "non-experience")

Involves elements such as a loving nothingness, the living dark, a friendly voice, a manifestation of some type, or a brief out-of-body experience. Usually experienced by those who seem to need the least amount of evidence for proof of survival, or who need the least amount of shakeup in their lives at that point in time. Often, this becomes a "seed" experience or an introduction to other ways of perceiving and recognizing reality.

Incident rate: 76% with child experiencers
20% with adult experiencers

Unpleasant and/or Hell-like Experience (inner cleansing and self-confrontation)

Encounter with a threatening void or stark limbo or hellish purgatory, or scenes of a startling and unexpected indifference, even "hauntings" from one's own past. Usually experienced by those who seem to have deeply suppressed or repressed guilt, fears, and angers and/or those who expect some kind of punishment or discomfort after death.

Incident rate: 3% with child experiencers
15% with adult experiencers

Pleasant and/or Heaven-like Experience (reassurance and self-validation)

Heaven-like scenarios of loving family reunions with those whom have died previously, reassuring religious figures or light beings, validation that life counts, affirmative and inspiring dialogue. Usually experienced by those who most need to know how loved they are and how important life is and how every effort has a purpose in the overall scheme of things.

Incident rate: 19% with child experiencers
47% with adult experiencers

Transcendent Experience (expansive revelations, alternate realities)

Exposure to otherworldly dimensions and scenes beyond the individual's frame of reference; sometimes includes revelations of greater truths. Seldom personal in content. Usually experienced by those who are ready for a "mind stretching" challenge and/or individuals who are more apt to utilize (to whatever degree) the truths that are revealed to them.

Incident rate: 2% with child experiencers
18% with adult experiencers

Note: All figures are based on my sessions with 3,000 adult and 277 child experiencers. Any given episode can include several types, or a series of them can appear in subsequent experiences (as multiple incidents are fairly common). Generally speaking, though, one type comprises a single episode.

The youngest person to experience an unpleasant or hellish near-death state in my research was a nine-day-old infant. This event haunted the child until maturity, when a second episode occurred that explained the first one and led to an amazing change in her life (see Footnote 9, *The New Children and Near-Death Experiences*). Occasionally, I found experiencers who regarded pleasant, "heavenly" images as frightful or hellish, and vice versa. I came to realize because of this that it wasn't the imagery per se that determined how one verbalized, it was *feelings*, how the individual felt about what had happened irrespective of the actual scenario.

Here is a brief comparison that focuses on the language experiencers used to describe what they encountered. Notice consistent settings (elements) yet obvious contrasts with interpretation of detail:

Heaven-Like Cases

Friendly beings

Beautiful, lovely environments

Conversations and dialogue

Total acceptance and an overwhelming sensation of love

A feeling of warmth and a sense of heaven

Hell-Like Cases

Lifeless or threatening apparitions

Barren or ugly expanses

Threats, screams, silence

Danger and the possibility of violence and/or torture

A feeling of cold (or of temperature extremes), and a sense of hell

What may appear to be negative or positive concerning any of the four types of near-death experiences is misleading. Value and meaning depend on each individual involved and his or her response - including what happens with the aftereffects.

Near-death scenarios can be better understood if one keeps in mind that subjective imagery has various levels of interpretation. The initial "greeter" is not always who or what he or she seems to be. Still, the range of details present in the experience place near-death states front and center as a major challenge to the belief that the life we presently have, and, who we think we are, is "all there is." The degree and depth of exactitude in the majority of cases indicative of an afterlife is stunning.

Examples of Changes Experiencers "Grow" Through

In the majority of cases, the changes an experiencer makes afterward are significant; sometimes radical. For instance, a hardened mob hit-man turned to volunteering in a church soup kitchen so he could feed the poor, following the transformation that occurred after he experienced every harmful thing he had caused others to endure as part of the life-review segment of his near-death episode. Another man, ruthless in business dealings and quite wealthy, gave away everything he owned after being toured by angelic beings through the realms of spirit during his scenario. Not only did he walk out on his life, but he took to the streets in a large city and lived among the homeless for several years, until, as he put it, "I had no ego left." Today, he lives simply and quietly performs anonymous acts of kindness.

Not everyone becomes so monk-like. A traveling salesman suddenly discovered afterward that he could sing grand opera. Never had he sung before, nor had he any knowledge of music. He competed on stage with the best and won every contest he entered. Eventually he sang professionally and became a voice coach of high repute.

Ruth Rousseau was introduced to celestial sounds during her experience and was told by "bright ones" that when she returned to life she was to design and produce an entire curriculum of special music that would heal others. With no prior training in the field, it took her years to accomplish the task, but do the job she did. Similarly, Linda Redford was challenged while "dead" to find a way to bring honor back to the world and create a course of study that could be used in the schools to show children how to handle negative emotions. After years of work and with the help of her daughter, the result was the "Adawee Teachings." This curriculum has been successfully tested at numerous schools and is being considered for statewide use. Both of these women are mentioned in the book, *The Complete Idiot's Guide To Near-Death Experiences* [11].

There are so many stories, like the movie cameraman and artist who without scientific credentials became a leader in advanced DNA research and using light to

regenerate cells; the school teacher who tossed away a secure life to develop dance routines that would enable the handicapped to lead a more independent and healthy life; the daydreaming "no-account" who was infused with inventions that he later patented, after he went to school and earned the degrees necessary for people to believe he knew as much as he did; and the cynical art professor and confirmed atheist who transformed into a dynamic minister.

The two examples that follow, one typical and the other complex, illustrate how involved a near-death experience can be and the depth of its impact.

Lloyd L. Haymon of Friendsville, Texas [12], did not recognize the signs that a coronary was about to occur. He drove home with a tremendous pain in his lower right side, consulted a medical self-help book for advice, then called his wife. The next thing he remembers is lying on his living room floor with paramedics all over him, and the rush to reach a hospital with his wife sitting on the passenger side of the ambulance. His was a "code blue."

He had several out-of-body experiences before he finally "settled down" and stayed in his body. Suddenly, "At my feet is my younger brother who had died years before of cancer at the age of thirty. He is shaking his head as if to say 'No, no, it's not your time.' On my brother's shoulder is a bird. I look closer and it is my bird, Doolittle the parakeet. I couldn't take my eyes off Doolittle, and I want to ask someone why Doolittle is on my brother's shoulder."

As it turned out Doolittle had died when he did, while paramedics worked to restore his vital signs. He had no way to know this. Interestingly, once released from the hospital and before he knew Doolittle's fate, he had his wife drive him to a store where he purchased another parakeet. He named him Sailor. When home, the wild bird became instantly tame, said "Doolittle" without hearing the name first, and started mimicking the dead bird's behavior - a feat continued until the end of Sailor's life. As a result of this experience, Lloyd changed his life entirely, becoming

a professional hypnotherapist with a decided preference for "things of the spirit" and mysticism.

Margaret Fields Kean was hospitalized for three weeks with severe phlebitis. A blood clot had passed to her heart and lungs and she became deathly ill. She was given injections for nausea that, due to the blood thinners she had previously received, caused internal hemorrhaging. Pandemonium reigned as her vital signs ceased. While absent from her body, she witnessed the scene below her, then heard and saw people in the waiting room down the hall - right through the walls - as well as nurses at their station. She also knew their thoughts.

Margaret went on to have a transcendent near-death experience in which she knew and understood many things. Once revived, she immediately began to heal people who were in the recovery room with her by "reaching" out to them with her mind. She also "projected" into the isolation room of a white boy charred black by severe burns. She "set" next to him on the bed, introduced herself, and proceeded to counsel him about his purpose in life. She told him it was okay if he chose to die as God was loving and he had nothing to fear.

Months later, while continuing her recovery and still in great pain, Margaret was attending a horse show when a couple, hearing the loudspeaker announce her daughter's name as a winner, sought her out. They were parents of the severely burned boy. Before he died, he told them about meeting Margaret and relayed all the wonderful things she had told him about God and about life. The parents were thrilled to have finally located her so they could say thanks for what she had done for their son. The dying boy had identified her by name – even though the two had never physically seen each other or verbally spoken in any manner, nor had any nurse known that the two had ever communicated, nor had it been possible that Margaret ever could have known if the isolation room was even occupied much less who might be in there. Margaret walked out on a lifetime of teaching and mothering after that to become a spiritual healer and purveyor of miracles. She eventually

moved to South Africa where she trained the traditional healers of Swaziland and Transkei in her healing techniques [13].

At the start of this section, I indicated by the caption I used that experiencers "grow" through the changes they make in their lives. This is true. Regardless of how transformed they are, not all near-death survivors are survivors. Integration can be a real challenge.

Phases of Integration

The urge to serve, the depth of compassion and empathy most display afterward, the desire to "walk with God," and the extent to which unconditional loves begin to overlight their everyday life routines, does not shield near-death experiencers from depression, confusion, or disorientation. Some report no problems whatsoever in adjusting to "life as always." But the majority, and I might add, the vast majority, find that they must face and deal with some very heavy issues.

Consider the case of a woman in Alabama who was married to a fundamentalist preacher when I interviewed her. The two had been married for many years, had three children and a busy lifestyle. Since her experience, it became increasingly difficult for her to attend her husband's church services. As she put it:

"He's wrong. I know now deep in my heart he's wrong. What he's preaching, that's not the way it is. I feel like he's telling everyone a lie and I don't know what to do about it. I love my husband and I love our children. I don't want to upset him or anyone else. I don't want a divorce or anything like that. But I can't listen anymore. I try to pretend I'm too busy to come."

A man in southern California said, "I love my wife and children more than I ever thought I could. I love everyone. My experience taught me real love, unconditional love!" Yet, his wife and children did not feel the kind of love from him that he described. They recognized how wonderfully he had changed afterward but he

seemed somehow unreachable to them, as if he were "floating" around somewhere in a world of his own, out of touch with the reality of what was really going on and what their personal needs were. A gap developed between what he felt and what they felt.

The last letter I received from this loving husband and father was one of desperation. He was having a tough time holding down a job and earning a living, not to mention challenges with his family. He couldn't understand why people had trouble getting along with him since he was so filled with joy and love for all of them. He was generous and openly affectionate yet people seemed to turn away or back off when he was around. As a last resort, he decided to leave town and drift for awhile - until he could figure out what was wrong. I haven't heard from him since.

In order for integration to take place, the experiencer's decision whether or not to accept or reject what happened becomes primary.

Acceptance means risk. It means facing the possible specter of insanity by believing what you cannot prove even if you have clinical verification of your death. It means being different from your fellows and possibly alienating your own family. But it also means the satisfaction of remaining true to your experience, whatever that implies.

Rejection means denial. It means forgetting, denying, or casting aside what you had once thought true and wanted to believe. There is little risk here and little chance of threatening anyone. It means life as always, but the possibility of later restlessness and discontent, perhaps being haunted by your experience.

Acceptance is no panacea and rejection offers no escape.

Not everyone who accepts their experience becomes a positive member of society again, and not everyone who denies their experience has actually opted for the easier path. Denying can bring about the beginnings of self-distrust and a

weakening of self-confidence and creative potential. Acceptance can foster the start of radical, aberrant behavior that is excessively threatening to others and unproductive. Neither way is easier or harder.

The average adult experiencer becomes as if a child again. They are "reborn" and, as with all children, they need time to learn or relearn their ABC's. Some learn faster than others. Ignorance and indifference can block or delay this process of adjustment.

Once experiencers realize how typical their challenges are for what they went through, the quicker they stabilize the aftereffects and reintegrate back into society. Still, any assistance the experiencer receives needs to include his or her family as well.

In many cases, the family deals with more grief and confusion than does the experiencer, especially if there are young children at home. These people didn't have the experience and they don't understand what is going on or why their loved one has suddenly become a stranger. Family members could learn as much dealing with the experiencer as that person could learn from his or her experience.

The near-death event and its aftermath can be shared with all those touched, so that each person can have an opportunity to benefit from the challenges it brings.

My research shows that it takes the average experiencer a minimum of seven years to successfully handle adjusting to what happened to him or her [14]. Those seven years are actually part of a four-phase integration process, true not only for near-death experiencers but for anyone who has undergone a transformation of consciousness - no matter how caused. Aftereffects are ongoing. Dealing with the significance of the scenario is one thing, but learning how to cope with the psychological and physiological changes that follow is quite another. The four phases are:

PHASES OF INTEGRATION MOST EXPERIENCERS "GROW" THROUGH

Phase One

First Three Years

Impersonal, detached from ego identity/personality traits. Caught up in desire to express unconditional love and oneness with all life. Fearless, knowing, vivid psychic displays, substantially more or less sexual, spontaneous surges of energy, a hunger to learn more and do more. Child-like mannerisms with adult experiencers/adult-like behavior with child experiencers, a heightened sense of curiosity and wonder, IQ enhancements, much confusion.

Phase Two *

Next Four Years

Rediscovery of and concerned with relationships, family, and community. Service and healing oriented. Interested in projects development and work environment. Tend to realign or alter life roles; seek to reconnect with one's fellows, especially in a moral or spiritual manner. Unusually more or less active/contemplative. Can resume former lifestyle, but more desirous of carrying out "mission."

Phase Three

After The Seventh Year

More practical and discerning, often back-to-work but with a broader worldview and a confident attitude. Aware of self-worth and of "real" identity. Tend toward self-governance and self-responsibility. Spiritual development an ongoing priority, along with sharing one's story and its meaning. Dedicated. Strong sense of spiritual values.

Phase Four **

Between Twelfth to Fifteenth Year, Maybe to Twentieth

Immense fluctuations in mood and hormonal levels. Often discouraged or depressed while go through a period of "grieving" - reassessing gains and losses from the experience while fearful that the effects are fading. Many problems with relationships, money, and debts. A crisis of "self." If can negotiate "the darkness light can bring," a depth of maturity and confidence emerges that is unique to the long-term effects of a transformation of consciousness.

- NOTE:
- * Child experiencers in my study who turned to alcohol for solace (1/3), began drinking during this phase.
 - ** Child experiencers who attempted suicide in order to get back or "return" (21%), did so during this phase.
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The seventh year is like a marker, a first birthday, that celebrates the experiencer's ability to "bring to earth the gifts of heaven" in practical and meaningful ways. Somewhere between the twelfth to fifteenth year, sometimes up to the twentieth, there is another marker - a second birthday - and it catches most experiencers unawares. *It is a second drop, a second shift!*

The "second drop" is like a "second death," in that it heralds a time of life reversals and the need to ask some tough questions: Were the sacrifices I made since my experience worth it? Am I capable of carrying out my mission? Is it possible to live a spiritual life in the earth plane? Have I been honest with myself? Are my aftereffects fading? If the experiencer can successfully negotiate the challenges of this second drop, a "second shift" is possible - a major advancement toward "the peace that passeth all understanding."

All of the child experiencers in my study who ever had a serious problem with alcohol, started drinking during Phase Two - a period when relationships of varied types become primary and the pressures of job versus "mission" tend to overwhelm. Asked why they drank, most said it was to ease the pain they felt or to escape the ridicule of family and friends. I found no such consistency with adult cases.

Of those child experiencers who attempted suicide after their near-death scenario, every one of them in my study did so during Phase Four. Not so with the 4% of adult experiencers who did this. Their incidents were spread out between Phases One and Two, and lacked the particular timing factor I discovered with children.

The majority of child experiencers who had another near-death episode in adulthood, had that second one also in Phase Four. For example, a young boy drowned at the age of five, miraculously revived fifteen minutes later, and immediately began to see "through" people and act in "odd" ways. As he matured, what interested his agemates bored him. Behavior problems resulted. When eighteen, he joined the Army, hoping he would die. He did, in an accident. He had another near-death scenario during resuscitation that "explained" the earlier one and gave him the courage he needed to turn his life around.

The second drop that occurs is not always as perilous as it was for the young man just mentioned; but, unlike with the first birthday, this is a time of *reckoning* and *reassessment* when experiencers make major decisions that require new commitments. The first shift can be linked to the original near-death state. The second shift seems more dependent on choice - on the experiencer's willingness to surrender to his or her part in A Greater Plan. Regardless of how integrated and spiritual an experiencer may appear to be after the seventh year, all pales by the power unleashed *IF* the second shift occurs.

Therapy Suggestions

With the adult experiencers in my study, the divorce rate was 78% - most of these divorces occurred within seven years of the episode, some by the tenth year. The most common complaints from spouses were: "I don't know this person any more," and, "This unconditional love nonsense is just an excuse to insult me by flirting with others." The usual experiencer retort was: "Since I no longer fit in, I'll move on." Irrespective of the problem or in what life arena, the same general mindset was present: significant others were convinced the experiencer was out-of-touch with reality, at the same time that the experiencer was equally certain that his or her significant others were behind the times. It's as if the two groups suddenly started speaking different languages and could no longer effectively communicate.

Even so, the average experiencer usually refuses assistance.

Regardless of much it is needed, help may be turned down. I have yet to meet an experiencer who could adequately perceive his or her behavior during the first three years afterward (myself included).

You cannot help someone who is positive that nothing is amiss. Sometimes patience is the greatest gift you can give. Sometimes only the passage of time makes any difference. Experiencers, all of them, at one time or another, could benefit from the advice of an individual they could respect and from some form of counseling.

The difficulty this poses, though, relates more to prevailing notions of what is culturally acceptable than to the judgment factor of whether or not a therapist, psychologist, or psychiatrist believes the experiencer to be mentally and emotionally stable. Lily Tomlin, the famous comedian, used humor to focus on this disparity: "Why is it when we talk to God we're said to be praying, but when God talks to us, we're schizophrenic?"

Sometimes an experiencer is lucky enough to find a therapist who is also an experiencer. When this happens most often there is instant rapport and miracles follow. To the extreme, I've met people who were involuntarily committed to psychiatric hospitals simply because they displayed the typical aftereffects of the average near-death experiencer. A few were later released when a new therapist assigned to their case, who happened to have once had such an episode, recognized "who" they were.

Those professionals who have the best record working with adult experiencers are the ones trained in transpersonal psychology; with children, those who employ techniques that are feeling-based. Here in brief are some suggestions as per particular techniques:

- * Hypnosis, but only if done with hypnotists who avoid "leading" questions that pre-determine results.
- * Philosophical counseling, where the broader scope of satisfaction and meaning become the lens used for viewing life.
- * Coaching, where a personal growth specialist inspires thought and action aimed at developing the fullness of potential.
- * Inner life mentoring [15], where the therapist becomes a mentor (teacher) and the client an initiate (student).
- * Soul retrievals [16], a shamanic practice of "going into spirit" to locate and then reunite fragmented parts of the client's "self" (also called "spirit releasement therapy").
- * Feeling-based, things like sand tray or shadow box therapy, shaping pottery on a potter's wheel and finger painting (monitored by art therapists), puppet shows, and so forth.

The most beneficial therapy I've yet discovered, however, was designed by near-death experimenter Robert Stefani as part of earning his master's degree in counseling at California State University, Fresno, California. His "Eclectic Group Intervention" covers a ten-session program. According to Stefani, "Group participants need not be limited exclusively to near-death experiencers. Family members and close friends of experiencers may need support, too, as well as people who are losing (or have lost) a loved one, who have questions about death, or who are themselves dying" [17].

The main goals of Stefani's intervention program are:

1. Educate the experimenter to understand that the intrapersonal changes that may have taken place in their attitudes and beliefs are not signs of mental

instability or psychotic disorder. Redefine normality.

2. Help the experiencer to integrate changes in attitudes, beliefs, values, and interests, with expectation of family and friends.
3. Alleviate interpersonal fears of separation and rejection by assisting the experiencer in learning to communicate with significant others who have not shared the experience.
4. Reconcile the new spiritual transformation based on universality, oneness, and unconditional love, with prior religious beliefs.
5. Overcome the difficulty in maintaining former life rules that no longer seem significant, and reconstruct a purposeful life balanced between the aftereffects and the demands of everyday living.
6. Address the dissolution of major relationships or careers, if the experiencer finds it impossible to reconcile same with the changes he or she has undergone.
7. Accept the limitations of others in human relationships, in spite of one's personal feelings of unconditional love gained through the experience.
8. Utilize the gifts and insights gained from the experience to help comfort those who are dying, grieving the loss of a loved one, or learning to accept their own experience.

Conclusion

What really triggers near-death states is not known. The various explanations offered do not address the entire phenomenon - both the experience and its aftereffects. The general pattern of these states is universal, adult or child, regardless of age, gender, education, or belief. Even though the universal patterning is unarguable, research implies another agenda at work and deeper levels to the experience.

Along with stunning physiological and psychological changes most experiencers exhibit afterwards, there is a need factor involved, a clear indication that whatever is repressed, suppressed, denied, or undeveloped within the individual will surface. Near-death states have often been compared to "cosmic washing machines," where anything hidden or latent gets scrubbed and cleansed, then transmuted.

There is ample evidence from research findings to indicate that near-death states are actually part of the larger genre of transformations of consciousness, and, as such, are spiritual or soul experiences. Invariably, these episodes enable individuals to see themselves and the world around them through different eyes, and to feel an immense sense of love and compassion, a sense of connectedness to Source and to their fellows. The upliftment that results relates as much to alterations within brain/mind systems as to the expression of "gifts of the spirit" (abilities sacred to many religious teachings).

No single experiencer is a "superstar," since the power of the near-death phenomenon lies not in its storyline but in what occurs because the story ever happened. As persuasive as near-death reports are about life beyond death, in truth these reports reveal much more about the amazing, absolutely awesome *aliveness* life has. This revelation challenges societies across the globe to reassess and redefine what is presently known about human faculties, the broad sweep of mind, and the presence of soul.

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12. Same author and book.
Lloyd L. Haymon, refer to pages 159-160.
13. P. M. H. Atwater, L.H.D. (1995). *Beyond The Light* (Footnote 7). Margaret Fields Kean, refer to pages 83-88. Source for information about her teachers, contact Phil and Verna Seckman, 333 Rolling Hill Road, Pamplin, VA 23958; phone (804) 248-5036.

14. My finding that it takes a minimum of seven years to integrate a near-death experience was verified in the prospective clinical study of near-death states conducted by cardiologist Pim van Lommel in Holland. To obtain his full report, refer to *The Lancet* (medical journal), December 15, 2001.
15. Inner Life Mentoring is an approach developed by G. Scott Sparrow, Ed.D., LPC, a psychotherapist who specializes in creative responses to life's challenges. Contact Dr. Sparrow at 1212 Barn Brook Road, Virginia Beach, VA 23454; phone (757) 496-2501. Also refer to the book *The New Children and Near-Death Experiences*.
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17. Robert Stefani's "Eclectic Group Intervention is covered in *The Complete Idiot's Guide to Near-Death Experiences*, or you can contact him directly at 2808 Forist Lane, Merced, CA 95348.

ABOUT THE AUTHOR



P. M. H. Atwater is one of the original researchers in the field of near-death studies, having begun her work in 1978.

Today her contribution to the field is considered one of the best, her first two books, *Coming Back to Life* and *Beyond the Light*, are deemed "the bibles" of the near-death experience by thousands of experiencers. Using police investigative techniques as her protocol, she has specialized in original fieldwork that also included sessions with significant others. Her findings are contained in six books. Besides the two already mentioned, the rest are *Future Memory*, *Children of the New Millennium*, *The Complete Idiot's Guide to Near-Death Experiences* (with David Morgan), and *The New Children and Near-Death Experiences* (an expansion of the original *Children's* book from *Inner Traditions*). Some of her findings have now been clinically verified; her work is referenced in *The Lancet* medical journal, December 15, 2001 (the Dutch study by Pim van Lommel, M.D.).

She created the unique audio cassette tape, "As You Die," in an effort to help alleviate the fear of death for those who are about to die, and as an aid in helping them go through physical death as it occurs and the soul's separation. The tape was in response to a young man dying of AIDS who said to her: "I've read all the books on death and dying. I've attended all the seminars. No one is telling me what I want to hear. I want to know what it feels like to die. I want to know what you know." Since then, many have benefited from this unusual tape and the peace it brings to them. Using the tape as a springboard, Atwater went on to write the book *The Real Truth about Death* (due to be published in 2004).

To keep track of her many projects, articles, and books, and to avail yourself of The Marketplace (a place where experiencers and those like them can promote their products and services---run as a public service at no cost to the participants involved), explore her website at: www.cinemind.com/atwater

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[Children of the New Millennium](#)

[The Complete Idiot's Guide to Near-Death Experiences](#)

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[The Frost Diamond](#) (childhood story and coloring book)

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