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Running Head: NEAR DEATH EXPERIENCES AS RELATED TO NURSING

NEAR DEATH EXPERIENCES:
CHANGES IN PATIENTS' SPIRITUALITY OR
RELIGIOUS BELIEFS AS RELATED TO NURSING

A Problem Submitted to the Graduate School
In Partial Fulfillment of the Requirements
for the Degree of
Master of Science in Nursing

Tandy S. Noeller

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Pittsburg, Kansas

Spring, 1999

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NEAR DEATH EXPERIENCES: CHANGES IN PATIENTS' SPIRITUALITY OR
RELIGIOUS BELIEFS AS RELATED TO NURSING

An Abstract of the Project by

Tandy Noeller

This is a project involving the phenomena of Near Death Experiences [NDEs] and changes in patients' spirituality or religious beliefs after having a NDE in relation to Nursing. There has been limited research in this area that analyzes the spiritual with the clinical aspect of the health care provider's awareness or even knowledge of NDEs. Nursing today encompasses the holistic care of the patient and must include NDEs since there have been over thirteen million people who have had this experience. Nurses need to know how to assist patients in defining that what just happened to them was a definite spiritual or conversion experience. If the patient has assistance in getting the experience into perspective, then the focus can be on the changes in their own life and helping others understand NDE's.

This project used Imogene King's General Systems Framework and Concept of Interaction. Interaction is a dynamic, ongoing process in which the nurse and the patient each affect the behavior of the other and both are affected by factors within the situation (King, 1981). Interventions in the NDE should be a two-way reciprocal process characterized by both the patient and the nurse accepting and understanding it. This continuous process would therefore provide the patient with holistic nursing care.

The results of the project showed that the patients reported not talking to doctors and nurses about their NDEs because (a) they thought the medical personnel would not understand what happened to them; (b) if they tried, the doctor or nurse would either

avoid the subject or leave the room; (c) they thought they would be laughed at them or thought crazy. The literature reviewed reported that many doctors and nurses, when told about an NDE would leave the room as quickly as possible. They did not believe the patient nor did not know how to help them. This problem showed the need for some specific interventions on the nurse's part. If the patient's experience can be objectified and verified by conceptual clustering, then the focus of the experience can become a positive one for the patient.

The project's five process recordings are actual interviews from persons having an NDE. These were from recorded personal interviews and/or from taped television video interviews. Information was collected from these interviews through conceptual clustering of the data. Therefore, this project proposed interventions for nurses and a spirituality care plan; both are validated in the literature. This project showed how conversion and NDEs bring persons closer to God, increase their spirituality, and increase love in their hearts as explained by the NDE'ers themselves.

The themes found in the persons interviewed for this project showed the commonality of (a) going to Heaven or another dimension; (b) a conversion experience with an increase in their spirituality and an increased awareness of God; (c) an increase in love in their hearts; and (d) that NDE'ers did not feel comfortable sharing their experience with health care providers.

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Chapter I

Introduction

A near death experience is an event, of supernatural origin, that occurs to different people of all ages, races, and religious beliefs. It is an experience of supernatural proportions that occurred to those who were thought to be dead, but unexpectedly survived. It does not happen to everyone coming close to death or what we call a close call, but only to some individuals. The experience can occur when the person has just received medication that has caused an allergic reaction, to one whom is considered clinically dead from a cardiac arrest, or many other causes. One common factor is they are about to die or have already been pronounced dead. They have gone into another dimension, that when they return, they will know that something has occurred that is out of the ordinary. At this point, what they don't know is that what has just occurred will probably alter their lives forever.

Background

According to a previous study by Gallup (1982), approximately eight million people in the United States have had a Near Death Experience [NDE]; and by 1992 that number had progressed to thirteen million. Even with these high numbers, the NDE is not generally included in basic or graduate health-related programs. With thirteen million occurrences, there is a definite need to look at NDEs from a nursing perspective and correlate the patient's experience with what did actually occur, or their perception of the event. It is also important to allow the nurse to explore her own spirituality so that she is able to intervene with this type of experience.

One of the nursing diagnoses used in health care today is about patients' spirituality that could include some common traits of the NDE, for example: (a) Did the person experience the presence of a higher being, whether it be their own higher spiritual self, an angel or God? (b) Did this being try to lead the person in a certain direction or give them a new purpose once they returned to earth? And if so, (c) How can the nurse help the patient and family deal with this?

Nursing must be prepared to intervene therapeutically by being supportive of the patient's experience and be knowledgeable about NDE's so they can guide them supportively. After having an NDE, did their way of thinking about God and their religious beliefs change or become stronger in any way? This can be equated with a supernatural event resulting in a conversion experience which many have had without the NDE, both of which have same conclusion-a closer awareness of God and in so doing accomplish the same purpose or outcome. Both accomplish a conversion experience.

If the questions raised above are answered affirmatively, how can the nurse help the patient and family deal with this phenomenon? Nursing practice must recognize that patient care needs have risen concerning NDEs and must implement appropriate interventions into clinical practice. Therefore, nurses in many areas have the potential to impact positively or negatively the patient's reaction and adjustment to a NDE and explore ways to interact positively with them and their families.

Study Significance

In order to provide holistic care, with the ever-increasing numbers of NDEs, nurses need to be prepared to care for all the patient's needs. Therefore, it is hoped that patient scenarios described in this project will benefit the patient as well as provide

nurses with a way to help their patient to deal with this phenomenon.

Roberta Orne (1995) stated in an interpretive study that the early days, weeks, and months following NDEs have been described by both clinicians and NDEers alike as a particularly crucial, frequently unsettling time. This is a time when survivors attempt to make sense of the NDE and deal with its aftermath in daily living. Orne confirmed, from Greyson's conclusion in 1989, that this can be readily understood, for "both the NDE itself and its reported aftereffects contradict conventional wisdom; the NDE can be neither seen nor empirically measured, and the aftereffects are totally unlike the aftereffects of any phenomenologically comparable experience" (1995, p. 87).

It is clear that, without an informed understanding of the early aftermath of NDEs, it is nearly impossible for the nurse to develop meaningful interventions, counseling, or supportive services (Orne, 1995). "Munhall contended that our nursing knowledge base must include the human experience, and that we need to become oriented to a world of meaning [for] meaning will enlighten and give direction to our nursing practice" (1992, p. 257).

The importance of this problem was brought to the attention of this researcher by a television show, based on an autobiography of a man named Dannion Brinkley, who had a NDE. The reporting of the NDE made this researcher stop to think what a profound experience this man went through. Since nurses are with patients during many of these experiences, or shortly after, they need to help them deal with this new profound experience.

The literature describes patients who told nurses or physicians about having this experience and how medical personnel can't get away fast enough. Therefore, with

education of the medical personnel, the patient won't have to go through this alone. In most cases it seems to be a wonderful religious experience, but others have had the opposite experience. They all need help in sorting out what just happened to them and more importantly, what will help them deal with the future in channeling their experience in a positive way.

Surveys of health care workers show controversy concerning the validity of NDEs as an experience other than a hallucination or dream versus an actual experience that involves life after death (Morse, 1990; & Walker, 1989; & Moody, 1988). Morse (1990) contended that many health care professionals do not know how to respond to a patient's report of a NDE.

Hayes and Waters (1989) conducted a study to ascertain health care providers' knowledge and attitudes about NDEs, and interventions used for NDE patients. The study included registered nurses, physicians, and clergy. Their return rate of surveys was 41% with a disproportionate rate among the three groups: 68% for nurses, 17% for physicians, and 35% for clergy. 71% said they were familiar with NDEs, but actual knowledge scores on open-ended questions about NDEs were low with a mean of five out of a possible sixteen.

One fourth of the respondents had no formal coursework in death education. Most respondents listed only one intervention for NDEers and at least 25% were unable to list any interventions. More than 75% of the respondents indicated an interest in learning more about NDEs.

In a study of 30 critical care nurses, Oakes (1981) found most nurses thought the NDE phenomena was fascinating, but most of the responses included complete disbelief

and skepticism. Eighty percent of the respondents stated that a patient's claim of a NDE would not influence the nursing care given.

Orne (1986) surveyed 912 nurses from all clinical specialties about their attitudes and beliefs towards NDEs and 70% claimed they were aware of the phenomenon, but 58% rated their knowledge as limited or very limited. This knowledge deficit was more evident in the low scores on the questionnaire. The tests did show that the more informed the nurses were, the more positive were their attitudes toward NDEs. Orne's (1986) study, also found the major source of information about the NDE were the press and media. These studies indicate variations between attitudes and interventions for NDEs and deficits in health care workers' actual knowledge of the phenomenon. NDE researchers found that patients are reluctant to initiate discussion about their NDE, but talk more readily when they feel the caregiver would believe their report and respect their feelings (Sabom, 1982; & Oakes, 1981).

Health care professionals are encouraged to be open, accepting, and nonjudgmental in their attitudes with patients who may have had a NDE (Trevelyan, 1989; Walker, 1989; Corcoran, 1988; & Lee, 1978). Because near death experiencers fear ridicule and being labeled as "crazy" they are sensitive to the verbal and nonverbal cues they get from the people in whom they attempt to confide (Serdahely et al., 1988).

Patients report NDEs in relation to nearly every nursing specialty including emergency, cardiology, surgery, oncology, maternity, pediatrics, and psychiatry (Morse, 1990; Ring, 1984; Sabom, 1982). One area that Morse (1990) identified as a need for greater application of NDE research was in work with terminally ill patients. He found this to give control and dignity to the dying patient, gave peace and comfort to all

involved, and helped the healing process.

Nursing practice must recognize that patient care needs have risen concerning NDEs and must implement appropriate interventions into clinical practice. Therefore, nurses in many areas have the potential to impact positively or negatively to the patient's reaction and adjustment to a NDE and explore ways to interact positively with them and their families.

Statement of the Problem

There has actually been little research done in this area that analyzes the spiritual with the clinical aspect of the health care providers' awareness or even knowledge of this subject. In nursing today we look at the holistic care of the patient, which should include the Near Death Experience since there has been over thirteen million people to date who have had this experience. One problem facing nursing today is not knowing what to do to help this population of thirteen million people that have had a Near Death Experience.

Not only how do we help them deal with this new and profound experience, but how to channel the experience into something positive for this patient and teach them how to help others who have this experience. All medical personnel need educated, and nurses primarily because they are either with the patient during his/her experience or shortly thereafter. With awareness of this new aspect of nursing, nurses can be educated on how to help these patients through interaction about the patient's lived human experience and with compassion and caring, and therefore channel their new but profound experience into something positive.

Purpose of the Study

The purpose of this problem was to: (a) review and report the literature related to

NDE's, (b) interview selected individuals who report having had a NDE, (c) make nurses more aware of this phenomenon and their own spirituality through this project; and provide educational guidance to nurses on how to help their patient deal with NDE's.

Goal of the Project

The goal of this project was to: (a) validate the Near Death Experience through literature, (b) validation of the individuals reporting the NDE, and (c) to obtain information that may be helpful in raising awareness of the need for this kind of nursing education as well as educating nurses on how to assist their patients with this new and interesting phenomenon. The goals generated the following question for the project:

Question

The question for the study was:

Are near death experiences validated in the research literature and by the individuals reporting the NDE?

Definition of Terms

The definition of the terms for the study were:

Near Death Experience (NDE): An experience of supernatural proportions that occurred to those who were thought to be dead, but unexpectedly survived. The man who is credited for naming the "Near Death Experience" was Dr. Raymond Moody in the 1960's.

Near Death Experiencer (NDEer): One who has gone through the experience validated by the NDE criteria set forth by Dr. Kenneth Ring.

Religious Beliefs: How one perceives his faith in God, religious or atheistic which is without belief in God. Each religion has it's own beliefs and practices. Moody (1988),

quotes what a wise man once said, "A religious person follows the teachings of his church, whereas the spiritual person follows the guidance of his soul" (Anonymous, date unknown, p. 162).

Change in religious beliefs: Moody (1988) in his ongoing research, states that he has discovered that NDEers with all sorts of religious backgrounds found that some did and some didn't believe in God before the NDE, but they all do after the experience.

Serenity: Is an inner peace, independent of life events. (Roberts and Aspy, 1992).

Holistic Patient Care: Nurses to provide care for all aspects of the patient's needs, including his/her spiritual, religious, and/or experiences with supernatural events. This doesn't mean they have to believe in what the patient has just undergone, but that they are there to provide comfort and caring and someone to listen, and possibly lead them in the direction of someone who can provide this reassurance they need.

Assumptions

The perceptions of the nurse and of the client influence the interaction process. Imogene King, 1981, whose theory this project is based, used the following nursing assumptions about human beings that are specific to nurse-client interaction:

1. Goals, needs, and values of nurse and client influence the interaction process.
2. Individuals have a right to knowledge about themselves.
3. Individuals have a right to participate in decisions that influence their life, their health, and community services (p. 206).

Other assumptions more specific about NDE's, upon which this study must be based include:

1. The NDEer will be providing factual information concerning the NDE and not be making any of it up.
2. The time lapsed since the NDE is not too long for the patients to still be able to provide accurate information.
3. A Near Death Experience is a real experience.
4. Nursing can help patients work through this experience.

Conceptual Framework

This project was guided by two main concepts of King, 1981, interaction and intervention. Interaction was included because it is a process central to determining the factors that affect NDEers' disclosure of their transcendental experiences. The second concept of the framework, intervention, was explored to develop ways to meet the needs of the NDEer and to evaluate the effect of what was actually done.

Interaction

This section addresses the literature related to the concept of interaction and its subcomponents of perception and communication. The occurrence of and the characteristics of NDEs have always been the primary focus of research, with some interactions related to the account of the NDE reported as incidental information.

Interaction is a key component in several nursing theories. Interaction models emphasize relationships between people, with perception and communication as major characteristics of the process (Fawcett, 1989). King (1981) defined interaction as "a process of perception and communication between persons and environment and between person and person, represented by verbal and nonverbal behaviors that are goal directed" (p. 145).

Interaction is a dynamic, ongoing process in which the nurse and the patient each affect the behavior of the other and both are affected by factors within the situation (King, 1981). Interactions are two-way reciprocal processes characterized by continuous giving and receiving of information and feedback between the nurse and patient (King, 1986). The continuous process of interacting between the nurse and patient or two individuals together involves both perceptions and communication.

Nursing is viewed as an interpersonal process of action, reaction, interaction, and transaction to meet the needs of the individual (King, 1971). Systematic, purposefully planned interaction between the nurse and the patient lead to transactions and to goal attainment (King, 1986). Orlando's (1961) nursing theory depicts the elements of interaction as the patient's behavior, and the nurse's reactions and actions. Health care workers' knowledge and attitudes concerning NDEs has been studied. Effects on the interactions with the near death experients [sic] have not been studied (Hayes & Waters, 1989; Walker, 1989; Orne, 1986; & Oakes, 1981).

Walker (1989) found that there is a wide variation in the time between the NDE and when patients first talk about their experiences, that some tend to talk about their experiences immediately, and some keep it a secret for up to twenty years. These findings came in anecdotal accounts from Moody (1988, 1975) or were related as incidental findings in Ring (1980) and Sabom's (1982) studies. No studies were found that examined the disparity or factors specifically affecting disclosure of the NDE. Ring (1980) and Morse (1990) both are of the opinion that professionals who are ignorant of the NDE phenomenon may inadvertently be obstacles to patients' attempts to discuss, understand, and assimilate the experience. Not all health care workers are cognizant of

what the NDEer has experienced.

Sabom (1982) findings showed this phenomenon. Questionnaires were distributed to paramedical personnel, physicians and nurses who had worked closely with patients in whom 43% of NDEers had been found to recall NDEs when interviewed. Of the 95 health care workers who replied, only 10 were aware that a NDE had occurred to one of their own patients. This indicates less than optimum communication with their patients and a great growth potential for improvement in health professionals' interactions with NDEers.

The patient's perspective of the occurrence seems to influence their interactions with other people. According to Corcoran (1988), patients are extremely vulnerable following a NDE and may feel rejected at being returned to life. According to Dougherty (1990) sharing experiences of others with the survivor and their family members may assist in discussion and interaction between family members and the individual. Understanding what has happened will assist the individual survivors to incorporate the traumatic event into their life experience and to begin to derive meaning from the experience. Providing patients with as much information as they desire concerning the cause of death allays anxiety and helps dispel confusion surrounding the event.

The long-term impact of an NDE on the future goals of the individual is important to consider in the recovery process following serious illness or accidents as well as NDEs. In the past, many were afraid to talk of these incidences for fear of being ridiculed. Sabom (1982) noted also that patients were reluctant to share or initiate discussion about their NDEs. Oakes interviewed 21 post-resuscitation patients and found that most of them didn't seek the opportunity to tell of their NDEs for fear of being called

crazy (Lee, 1978, p. 55). Lee, (1978) an RN who had an NDE, states that patients frequently will not mention their subjective experiences of death or of a world beyond to doctors, but will mention their experiences to nurses.

Each individual has a unique influence on each interaction that occurs. Person is described in nursing theories as an integrated whole, composed of physical, psychological, and sociocultural components, continuously interacting with internal and external forces through the life process. Watson (1985) asserted that both the nurse and the patient bring their entire selves, along with past experiences, beliefs, values, and attitudes into the interaction. Interaction is a dynamic, ongoing process in which the nurse and the patient each affect the behavior of the other and both are affected by factors within the situation (King, 1981). Interactions are two-way reciprocal processes characterized by continuous giving and receiving of information and feedback between the nurse and patient (King, 1986). The continuous process of interacting between the nurse and patient or two individuals together involves both perceptions and communication.

Interactions were explored in this project to determine how, when, and to whom a patient disclosed information about a NDE. Responses are an integral part of the interaction, providing feedback, and determining further communication. Reactions may or may not be intentional and since the patient is influenced by all actions or reactions, it is important to look at the effects of all of them. The NDEer's perception of health care professional's openness and acceptance of the event are a critical part of this concept. It is necessary to determine which specific actions and nonverbal cues promote trust and discussion, and which deter patients from such disclosure.

Perception

A person's perceptions are derived from interactions with others (Fawcett, 1989).

Perception is a process of organizing, interpreting, and transforming information from data and memory; a process which influences behavior, gives meaning to experiences, and represents the individual's image of reality (King, 1981). In King's (1981) model, perception, which influences all behaviors, is universal in that everyone experiences it; is subjective, and is experienced in a unique manner by each person involved. The perception of each person leads to judgments and actions based on the interpretation and value placed on the information (Daubenmore & King, 1973).

Perception is "each person's representation of reality while communication is the information component of interactions whereby information is exchanged" (King, 1981, p. 146). King (1981) indicated that each individual in the interaction brings different knowledge, needs, goals, past experiences, and perceptions, which influence the interactions (p. 145).

Subcomponents of interaction include perception and communication. Lee (1978) concluded that "the reluctance of patients to initiate discussions about the NDE has been proportionate to the perceived reception to this untested information" (Oakes, 1981, p. 2).

Perceptions were a primary concern for one researcher who anecdotally reported three examples of patient experiences. One patient felt the physician became defensive and dismissed her NDE as imaginary and that nurses were more sensitive than doctors.

A second patient reported she was confronted by a nurse after regaining consciousness because the nurse did not believe that she was really sick and she didn't report anything to any health care personnel because they were brusque with her. Neither

did the third, because he heard the doctor remark that nothing was seriously wrong with him, when he was in an out-of-body state. Clearly, perceptions were formed by these three patients based on the attitudes and the way they were treated.

A few studies have explored the perceptions of health care workers that affect their interactions with NDEers. In a survey of 30 critical care nurses, polled for their reaction to 10 anecdotal cases of NDEs, Oakes (1981) found responses that included disbelief and skepticism with the mention of comments like "weird", a "scam", "religious nuts", and "psychiatric blowouts". She also reported that some nurses were interested but would not be identified for fear that they would be branded by their colleagues as inappropriate and unreliable nurses (Oakes, 1981, p. 73).

Knowledge of perception is essential for nurses to understand self and to understand patient needs (King, 1989). Exploration of the patient's perceptions help the nurse to understand the patient's point of view and to facilitate care planning (King, 1989). Perception, along with communication, provides a channel for passage of information between individuals (King, 1989).

Communication

Many near death experiencers who had out-of-body experiences described in great detail all that was said and done, giving near-verbatim accounts of conversations that occurred while in that state. Lee (1978) advised that all conversation should be calm and professional. During resuscitations, health care professionals should be alert to the fact that the unconscious patient may still hear them, and curtail any careless language and conversation and treat the patients with respect (Dougherty, 1990).

Statements made at this time can have an impact on the patient's willingness to

disclose their NDE at a later time. Disclosure may be difficult for both the NDEer and the listener. Oakes (1981) stated that the teller and the listener may be sending and receiving on two completely different wavelengths. She said the listener can begin to appreciate the patient's viewpoint only by listening honestly and dispassionately.

Drawing pictures was one method that helped initiate discussion and clarify concepts of the NDE: it was especially useful with children (Morse, 1990; Strom-Paikin, 1986). NDEers wanted to be assured of confidentiality. Some of their physical, verbal and nonverbal cues that indicated this were closed doors, quiet voices, and no disclosure of information with the use of notes or tapes (Oakes, 1981).

Communication is very important whether expressed verbally or not to the NDEer. One of the NDEers interviewed by a researcher addressed this issue of nonverbal messages that she had picked up on while relating to her NDE classmates. She didn't want to describe her NDE because she perceived the class looked bored and disbelieving and thought their facial expressions meant "she's off base" (p. 240). Lee (1978) advised that nurses should communicate to their patients that the NDE did not indicate a mental disorder.

Communication is the component by which information is exchanged, directly or indirectly, to bring order and meaning to human interaction (King, 1981). One communicates on the basis of perceptions with persons and environmental factors (King, 1971). According to King (1981), characteristics of communication are that it may be a verbal or a nonverbal interaction and that it is situational, perceptual, transactional, irreversible, personal, and dynamic. The exchange of attitudes through verbal and nonverbal cues may or may not be intentional. Nonverbal behavior, such as facial

expressions, body movement, gestures, direction of gaze, and spatial position is perhaps the most important, accounting for the 80% of all communication (Lamar, 1985).

Nonverbal cues are judged to be spontaneous and unintentional and may be seen as more accurate than verbal messages (Lamar, 1985). Communication, by all forms, signs, and symbols, is the way in which a person's view of events and situations is made known to others, and is an essential factor of interactions (King, 1968).

Intervention

The second concept in this project was intervention. Both King (1981) and Orlando (1961) indicated the interaction between the patient and nurse is the assessment phase of the nursing process that allows the nurse to ascertain the patient's needs and then plan appropriate actions based on these needs. The nursing process is then continued through interventions. Intervention refers to the action or actions initiated to accomplish the defined goals and objectives (George, 1990).

Literature related to the concept of intervention was reviewed along with its subcomponents of action and impact. Clinical application of NDE's is not well established and there is little research reported that analyzes the effects of interventions (Hayes & Waters, 1989). Oakes (1981) asserted that health care professionals cannot ignore NDEs and must develop ways to reach across this dimension of human experience while caring for these experiants, [sic]. Based on his own NDE, a review of research reports, and interviews with both NDEers and experts who deal with cardiopulmonary resuscitation cases, Lee (1978) concluded special nursing support is necessary to help patients "survive their survival" (p. 59). Lee stated that any realistic care plan must take into account the various types of experiences and the various kinds of responses of the

NDE survivor. Patients who had negative NDEs, like those already described, usually have different needs than those who had a pleasant experience (Oakes, 1981; Lee, 1978; & Rawlings, 1975). An important goal identified by the International Association for Near-Death Studies, Inc., [IANDS] is to promote research and educate professionals about how to help NDEers integrate the experience into their lives (Strom-Paikin, 1986).

Several nurses have published guidelines for dealing with the NDE patient (Dougherty, 1990; Trevelyan, 1989; Walker, 1989; Corcoran, 1988; Papowitz, 1986; Strom-Paikin, 1986; Oakes, 1981; & Lee, 1978;). In a survey of nurses who reviewed anecdotal cases of NDEs, Oakes (1981) found that only 6 of the 30 nurses considered the NDE survivor's experience to have an influence on all succeeding plans and care. She added that while some nurses acknowledged that the NDE was important, they didn't know how to incorporate it into a nursing plan of care. Oakes told this researcher of how she had done a lot of research in Singapore, Hong Kong and other Asian countries as well as doing research in the U.S. with paramedics and in ICU units.

Orne (1986) did a survey of 912 nurses and found that 70% were familiar with the term NDE, 849 or 93% said that a patient's report of this experience would have little or no influence on their nursing care. She gave three possible interpretations for this finding. It could mean they would leave out the significant experience the patient had in their plan of care; or that nurses wouldn't alter their care because the nurse didn't know how to handle the situation; or that they wouldn't think negatively about the patient. Almost all in this study expressed the desire to learn more about this phenomenon and to learn ways to be more effective in their nursing care.

Research related to specific interventions is lacking. One study to support this was on 20 survivors of cardiac arrest. This study found that patients desired more discussion with the staff concerning their experiences, fears and some information about what to expect in the future, and how to deal with it (Dobson, Tattersfield, Adler, & McNicol, 1971).

One researcher interviewed patients and found other interventions that were revealed. Patients recommended warmth, enthusiasm, willingness to listen, and reassurance about the widespread nature of NDEs. In Oakes (1981) research, patients informally stated to her that they preferred to have a health care professional present when they told family members about their experience. Lee (1978) recommended assurance during resuscitation, even if the patient is unconscious; providing privacy to the survivors; support of the NDE survivor, preparation of the family; open-ended questions to elicit information; and help in reconstructing the event.

Implementation is also used to describe this aspect, however the term intervention was used for this project. England defined intervention as the giving of deliberate, purposeful nursing care or therapy (Fitzpatrick & Whall, 1989). Orlando (1961), along with most nursing theorists, stated that interventions must be evaluated to validate that the patient's needs were actually met. Evaluation of interventions requires an investigation of the actions taken during the interventions and the impact of each action on the patient.

Action (Subcomponent):

King (1981) defined action as a sequence of behaviors involving both mental and physical activity. First there is mental action to recognize the presenting conditions; then

physical action to begin activities related to those conditions; and finally, mental action to exert control over the situation, combined with physical action intended to achieve goals. Orlando (1972) stated that nursing actions are precipitated by the nurse's reactions. In the reaction sequence, the nurse perceives the patient's behavior through any of the senses. Perception leads to thought that automatically produces a feeling. According to Orlando (1972) this process occurs simultaneously, but she cautioned it is not helpful to the patient until the nurse explores the validity of the reaction with the patient. After the nurse's reaction is validated or corrected with the patient, the nursing process continues with the nursing action.

Orlando (1971) identified two ways the nurse can act: automatically or deliberately. Automatic actions are those carried out without exploration of the patient's need or consideration of the effect this would have on the patient. They are described as nondeliberate actions that occur for reasons other than the meaning of the patient's behavior or immediate need for help. Orlando (1972) defined deliberative nursing those designed to identify and meet the patient's immediate need for help and, therefore, to fulfill the professional nursing function. Deliberative actions require validation of perceptions with the patient before it can be determined what nursing action will meet the patient's needs.

Actions, which are deliberate measures designed to meet patient's needs, are preceded by reactions. Hayes and Waters (1989) found that 29% of health care providers surveyed indicated that their reaction was one of disbelief. Actions, which are deliberate measures designed to meet patient's needs, are preceded by reactions. Hayes and Waters (1989) found that 29% of health care providers surveyed indicated that their reaction was

one of disbelief. Reactions from providers, family, and friends related by the NDEer included disbelief, attempts to suppress discussion, alternate explanations, and perceptions that the patient is mentally disturbed to some degree (Sabom, 1982; Ring, 1980; & Moody, 1975). Personal introspection, professional education, and patient care conferences are recommended so that providers can share ideas and feelings and work through their own reactions to NDEs in order to better incorporate the experience into the patient's care plan (Hayes & Waters, 1989; & Lee, 1978).

Impact (Subcomponent):

The impact of nursing actions is the focus of the evaluation phase of the nursing process. Following the nurse's actions, King's theory (1981) requires an evaluation that looks at the outcomes both for goal attainment and for the effectiveness of the nursing care. Evaluation is also inherent in Orlando's (1961) theory since the criterion for deliberative action includes determining its effectiveness once it is completed. Orlando (1961) emphasized that the nurse must ascertain how the patient is affected by what is said and done and whether the patient has been helped.

There is a lack of published research that specifically examines the effectiveness or impact of interventions related to NDEs. Orne (1986) stated the need for research to determine what strategies for care of the NDEer are most needed, and whether coping is influenced by what is or is not said or done by nurses.

Moody (1988) says to help NDEers relieve the stresses of reintegrating themselves into their new life with families expecting them to be the same as they always were, he brings the NDEer, their spouse and other NDEers and families all together (Moody, 1988, pp. 53 & 54). He reported conducting a conference on coping with an

NDEer that was attended by medical professionals. Moody (1988) stated NDEers usually receive little support from their spouses or family when it comes to dealing with the experience. Often the marked personality changes that go with the NDE causes tension in the family. Divorce rates are higher than average among NDEers.

Moody's guidelines in dealing with this type of spiritual crises are to follow:

1. Let NDEers talk freely about their experience. Listen sympathetically. Do not use this occasion to try to alleviate your own worries about life after death or to prove any of your own theories about it.
2. Reassure them that they are not alone. Tell them that this experience is very common and that many people have grown from the experience.
3. Tell them what the experience is. Although millions of people have had them, few know what they are called. Tell them they have had a Near Death Experience. By having the clinical name for their episode, the NDEer will have a handle on understanding this bewildering and unexpected event.
4. Bring the family into the picture. It is difficult for families to cope with the changes NDEs bring to people frequently are difficult for their families to cope with. A father who may have been a hard-driving type A before a NDE will suddenly become a mellow type B after the incident.
5. It's important to encourage family dialogue to make sure that everyone's feelings about this change become known so they can be coped with before they cause a rift in the family structure.
6. Meet other NDEers and invite the spouses so they can see how others have fit these episodes into their family life (1988, pp.53-54).

Among terminally ill children, Morse (1990) found that open and honest discussion of the patients' NDE transformed the dying process and deathbed scene from a "grueling nightmare to one of love and joy" (p. 66). The short-term and long-term impact of the experience on the patient should be assessed (Lee, 1978).

General effects of the overall experience have been addressed in several comprehensive investigations. Dougherty's (1990) belief that the NDE is a positive event is supported by research findings (Sutherland, 1990; Ring, 1984; Sabom, 1982; & Noyes, 1980;). Those with negative NDEs can cause the experient to make positive changes in their lives and discover a deeper meaning in life (Corcoran, 1988; Rawlings, 1975).

The overall impact the NDE had on the individuals include:

1. Decreased fear of and new attitudes about death.
2. A sense of purpose of destiny in life.
3. A renewed will to live focusing on the present.
4. An increased value of love, compassion for others, and improving relationships.
5. A sense of the preciousness of life.
6. Increased spirituality.
7. An intuitive acceptance of both life and death.
8. Decreased materialism.
9. An appreciation of nature and greater regard for the universe.
10. A sustained sense of self.
11. A more passive attitude toward uncontrollable events, and
12. A belief in having received a special gift from God.

(Sutherland, 1990, p. 217; Ring, 1984; Sabom, 1982; & Noyes, 1980).

Some NDEers report increased psychic development which may be temporary or permanent (Ring, 1984). This may involve the ability to read minds, clairvoyant and telepathic experiences, precognitive flashes, seeing auras around people, and being more intuitive and sensitive to other people. P. M. H. Atwater (1994, p. 214) says "not only do near-death survivors and others so transformed become more interested in things spiritual, they also become more psychic."

The incidence of NDEs in suicide survivors is similar to that in near-deaths from other causes. Seventeen of the 36 suicide survivors studied by Ring and Franklin (1981) had NDEs. For all of them suicide ceased to be an option following this, in contrast to the high mortality rate of those who did not encounter an NDE during their suicide attempt. The primary impact of the NDE, other than anti-suicide, was the same as seen in other populations. The NDEer felt a restored sense of purpose and value of life, and an increased belief in the existence after death and a decreased fear of death.

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The second nursing theory, Jean Watson's Philosophy and Science of Caring, was used as a way of dealing with this type of patient and seeing what has just happened to

him from his/her own frame of reference. It has allowance for existential-phenomenological factors she describes as carative factor 10. Phenomenology is a way of understanding people from the way things appear to them, from their frame of reference. Watson also discusses existential psychology as the study of human existence using phenomenological analysis. This factor helps the nurse to reconcile and mediate the incongruity of viewing the person holistically while at the same time attending to a hierarchical ordering of needs. By incorporating these factors into the science of nursing this will assist the person to find meaning in life or to help him find meaning in difficult life events or both. Since there is a basic irrationality to life, illness, and death the nurse using carative factor 10 may assist the person to find the strength or courage to confront life or death. In this case, the NDEer has to come to grips with the new situation in which he has found himself.

Jean Watson's theoretical formulations focus on the philosophy and science of caring, which is the core of nursing. She views caring as a central moral ideal rather than a task-oriented behavior, which also results in the satisfaction of human needs and has allowance for existential-phenomenological forces. She feels that both the nurse and client are nonreducible and are interconnected with others and nature (Watson, 1985).

In Watson's (1989) model of human caring, the goal of nursing extends beyond simple evaluation to helping patients find meaning in their experiences and in their existence, and to facilitate the patient's attainment of self-knowledge, control, and inner harmony. The patient has opinions and meanings attached to the health illness experiences and concerns about the meaning of life tend to be most urgent when the person's existence is threatened (Watson, 1985). Watson (1985) asserted that people

generally benefit by determining the meaning of their experience and having that meaning incorporated into the professional's response to the situation. Thus, the impact component of intervention must include the effect of nursing actions, the appropriateness of those actions for the desired goal, and the meaning of the outcomes and experience to the patient.

Summary

In summary of chapter one, it is important to explore what measures NDEers perceive as helpful in dealing with the event, from the initial moments of "return", through time as the NDE is assimilated. The nature of any interventions employed must be evaluated for NDEers' perceptions of the actual effects of the actions. Individual differences may occur as to positive or negative interventions and there may be cues to observe in determining the best interventions for each particular patient. The overall impact of the NDE to the patient may also reveal information pertinent to clinical practice.

Patients who have been revived when clinically near death, often report having a unique subjective experience that involves memory of a time they were unconscious and a glimpse into "another realm" of existence. NDEs have characteristic traits that seem unbelievable and may elicit a wide range of responses from both experiencers, [sic] and listeners. Literature review of survey results of health care workers shows controversy concerning the belief in NDEs and insufficient knowledge of the NDEs or appropriate interventions. Health care workers limited awareness of the phenomena is likely to decrease effective interaction with experiencers. A meta-analysis of the literature regarding NDEs and the interaction of selected individuals who reported having an NDE, the

effects of nursing actions and the overall impact of the NDE was reported in chapter one.

Chapter two presents an in-depth review of literature related to Near Death Experiences.

Chapter II

Review of Literature

Introduction

This study explored NDE patients' interactions with this researcher and significant others concerning the NDE, the perceptions and communication in the disclosure of a NDE, the interventions encountered in response to the patient's NDE, the effects of nursing actions, if any, and the overall impact of the NDE. The purpose of this problem was to: (a) review the literature regarding NDEs and present a summary of the common characteristics of NDE's; (b) review historical research and knowledge of NDE's; (c) review studies done to validate NDE's being factual or not; (d) review spiritual and religious aspects; and (e) and review selected literature related to nursing, in regard to the importance of the aftermath of the NDE for the patient and his/her family. The organization of sources was by concepts, ideas, and spiritual components and their relationship to the subject matter.

There are several concepts connected with NDEs, one is the concept of how serenity is connected to spirituality. Reed (1991) identified serenity as a unique and valuable concept, and noted that it also serves as an important component of spirituality. Roberts and Fitzgerald (1991) published a more extensive description of the concept analysis. Researchers defined serenity as a spiritual experience of inner peace, trust, and connectedness that exists independently of external events much like the NDEer undergoes, with essential attributes identified as follows:

1. The ability to be in touch with an inner haven of peace and security.
2. The ability to detach from excessive desires and emotions.
3. The ability to accept situations that cannot be changed.

4. The habit of actively pursuing all reasonable avenues for solving problems.
5. The ability to let go of the past and future, and live in the present, forgiveness of self and others.
6. A sense of connectedness and belonging.
7. The ability to give of oneself unconditionally.
8. A trust in a power greater than oneself, and a sense of perspective of the importance of oneself and life events (Roberts & Fitzgerald, 1991, p.127).

In defining death, based on clinical criteria, near-death occurs during a stage in the dying process from which a patient may still return to life according to most of the literature. It is clearly established in scientific and medical literature that there is no one point of total organism death, but rather a gradual dying process (Morse, 1990; Oakes, 1981). Dying may be viewed as a process that begins with cessation of respiration and/or circulation and ultimately ends in the irreversible cessation of all spontaneous vital functions (Lee, 1978).

Not everyone who has a near death situation has an NDE. According to Dr. Bruce Greyson (1997) in a study he did with the NDE as a Focus of Clinical Attention, it was estimated to be reported by at least a third of people who came close to death, or about 5% of the American population had an NDE. (Ring, 1984, Sabom, 1982, Gallup & Proctor, 1982). Atwater states that with children, the figure is over 75% (1994, p. 15).

Part I: Historical Perspective

Dr. Raymond Moody was the first person to put a name to this phenomenon in the 1960's. It was he who coined the phrase the "Near Death Experience" after doing much research in this field. Moody (1988) has defined NDE's by looking in all the case studies

he had collected. NDEs were not considered paranormal or supernatural in ancient times and were even expected (Moody, 1990; Rawlings, 1978). Early theories also include the Tibetan Book of the Dead which is cited for its detailed account of death and life beyond and is remarkably similar to twentieth-century accounts (Morse, 1990, p. 91; & Moody, 1977). It was read to people as they were dying and used in the funeral ceremony. Its purpose was to help the dying as they experienced "each wondrous phenomenon" (Moody, 1977, p. 120). It was also read to help those still living to think positive thoughts and to let go, allowing the dying one to enter into the afterdeath planes, and be released from all bodily concerns." The mind or soul separates from the physical body. The dying are counseled to move toward the union of their soul with the 'Great Body of Clear Light', the source of life and light, into the state of 'Perfect Enlightenment' (Morse, 1990, p. 82).

The Egyptian Book of the Dead gives a detailed description of a NDE. It describes a judgment scene, other beings and voices, a boat trip through a dark tunnel, and ends with union with a bright light (Morse, 1990, p. 90). The Aztecs had a book that served to enlighten their people about the world beyond. The book included 'The Aztec Song of the Dead' which is a poetic version of an NDE that according to Morse (1990, pp. 91-92) scores at the top of the NDE Validity Scale developed by Ring (1980).

The Bible has references to near-death accounts. The apostle Paul being one example. From the standpoint of this researcher, St. Paul did not have an NDE, but a very beautiful conversion experience. He was first called Saul in the Bible until after his conversion experience. He stated in ACTS 21, when he was later telling of his experiences, that he had "persecuted this way unto the death, binding and delivering into

prisons both men and women.” “And it came to pass, that, as I made my journey, and was come nigh unto Damascus about noon, suddenly there shone from Heaven a great light round about me.” “And I fell to the ground, and heard a voice saying unto me, Saul, Saul, why persecutest thou Me?” “And I answered, Who art thou, Lord? And He said unto me, I am Jesus of Nazareth, whom thou persecutest.” “And they that were with me saw indeed the light, and were afraid; but they heard not the voice of Him that spake to me.”

“And I said, What shall I do, Lord?” “And the Lord said unto me, Arise and go into Damascus; and there it shall be told thee of all things which are appointed for thee to do.” “And when I could not see for the glory of that light, being led by the hand of them that were with me, I came into Damascus.” It goes on to say of a man named Ananias went to Saul and said for him to “receive thy sight, and that same hour I looked up to him, said who was now called Paul.” He was then very much converted and preached the word of God. (ACTS 21: v. 7-28, 1987).

Part II: Characteristics of the NDE

Many who are close to death and go on to have a near death experience have some, but not all of the same features. The NDEs are intensely personal and specific details are unique to the individual with many variations of the experience. Not all persons who have a NDE experience all of the traits. NDEs may consist of any combination of one or more of the common elements (Morse, 1990; Moody, 1988; Sabom, 1982; & Ring, 1980). The common elements of the NDE include: separation of mind or spirit from body; a sense of being dead; a sense of overwhelming peace; entrance into darkness or a tunnel, some seeing light at the end; an encounter with other beings,

sometimes dead relatives, angels, etc.; an encounter with a Supreme Being of Light; a life review; a sense of all-knowing; entrance into a beautiful place; and return of the body.

The longer the length of clinical death, measured in earthly time, the more elements the NDEer usually encounters.

Negative NDE's and NDE's of children has occurred and is discussed in this chapter. Moody (1988) states some common elements of NDE's from his book The Light Beyond that included:

1. A sense of Being Dead: in which a person knows he is dead. At first they may not actually recognize the physical body they are looking at as being their own, then reality sets in when they touch someone present and that person can't see or hear them and the NDEer's hand goes right through the person's arm as though nothing was there. Then one of the NDEer's said she felt like "You are totally and completely you," while still another said she felt like she was going through "a cutting of ribbons," "like freedom given to a balloon when its strings are cut" (Moody, 1988, p. 9).

2. Peace and Painlessness: He describes people while still in their own body can have intense pain, but when "the ribbons are cut," there is a very real sense of peace and painless-ness. Some researchers think the NDE is from some chemical reaction in the brain when the body dies. Dr. Moody explained this in his video "Light from Light" (Moody, 1988, p.9).

3. Out-of-Body Experience: Dannion Brinkley (1994) who has had two NDEs and returned describes this as a person's spirit or essence floating above his body and he was able to describe events that he shouldn't have been able to see. The second time that he had died was during open-heart surgery, as seen in the movie made about his death

experiences. As he floated above the operating room, he heard the Anesthesiologist make a \$20.00 wager that he wouldn't live through the surgery, and called him on it later in the cafeteria.

4. A Tunnel Experience: At this point, a portal or tunnel opens to them and they are propelled into darkness and at the end they come into a brilliant light. The descriptions are varied about either the tunnel being of light or being of darkness at first but the person does enter a passageway towards an intense light (Moody, 1988).

5. Seeing People of Light: Once through the tunnel, the person usually meets beings of light. It isn't light as we know it, but they glow with a beautiful and intense luminescence that seems to permeate everything and fills the person with love. In this situation, NDEers frequently meet with friends and relatives who have died. If they don't meet with dead relatives some have described beautiful scenes of meadows, or beautiful cities of light that defy description in their grandeur. In this state, communication does not take place in words as we know them, but in telepathic, nonverbal ways that result in immediate understanding (Moody, 1988).

6. The Being of Light: After meeting several beings in light, the NDEer usually meets a supreme being of light. People with a Christian background often describe Him as God or Jesus. A Jewish man and woman identified the light as an angel. A man with no religious background said it was just a being of light. A Christian woman called it Christ. Everyone was in agreement that the light didn't talk to them, but communicated telepathically with direct, unimpeded transfer of thoughts and in such a clear way that there was no possibility whatsoever either of misunderstanding or of lying to the light. It seemed to ask the same question of all people, "What have you done with your life to

show me?" NDEers said it was a light of perfect understanding and perfect love, and they agreed it wanted to know if the person was ready to die and if they had accomplished anything with their life. It was not accusatory, but asked so the person would think about what their life meant (Moody, 1988, p.13).

7. The Life Review: The questions that were previously asked were a prelude to a moment of startling intensity during which the being presents to the person a panoramic review of his life. It is instantaneous, and some say chronological while others described it as everything appearing at once and they could take it all in with one mental glance. Dr. Moody (1988) wrote that however it is expressed, all seem in agreement that the experience was over in an instant of earthly time. This person pointed out that all through this, he kept stressing the importance of love and seemed very interested in things of concerning knowledge and said it was a continuous process which made the NDEer feel it would go on after death (Moody, 1988).

8. Rising Rapidly into the Heavens: Dr. Moody says that not all NDEers have a tunnel experience. Some report a "floating experience, " in which they rise rapidly into the heavens, seeing the universe from a perspective reserved for satellites and astronauts" (Moody, 1988 p. 15).

9. Coming back: Dr. Moody states he has collected many varied accounts of the mode of return to physical life and why the return took place. Some felt they were allowed to return to life by God, or by the being of light, either in response to their own request to be allowed to live (usually because the request was made unselfishly) or because God or the being apparently had some mission in mind for them to fulfill (Moody, 1988).

The most common characteristic is the separation of the mind or consciousness from the physical body (Corcoran, 1988; Greyson & Stevenson, 1980). Patients frequently report seeing their bodies below and the ability to observe and hear all that was happening. They see the doctors and nurses doing procedures on them and are able to describe what they did and the equipment used which they would not be able to see being unconscious and their eyes closed. This experience could be interpreted as validation of their NDE.

Part III: Is There Proof? Factual or False NDE Theories

Many researchers of the near-death experience have reported all kinds of theories for the occurrence of the NDE, some may be plausible, but have no scientific proof of causing an NDE. Skeptics have attempted to explain them as a physiological, neurological, or psychological state. Some of these theories include drugs such as LSD, Morphine, Heroin, marijuana, cocaine, PCP, amphetamines, barbiturates; anesthetic agents such as ketamine. Other causes might be sleep deprivation, lack of oxygen to the brain, bad dreams, subconscious awareness, endorphins at the point of death, memories of the birth experience, autoscopic hallucinations, or neurotransmitters. Dr. Melvin Morse's findings showed the previous statement to be questionable in one of his studies. Several researchers stated that these theories not only proved inadequate since they were not supported by any of the literature, but they also fail to account for some of the vivid characteristics of NDEs and their universal occurrence (Morse, 1990; Corcoran, 1988; Moody, 1988; Freeman, 1985; Sabom, 1982; & Ring, 1980).

Dr. Melvin Morse (1990) discussed a study he had done with other researchers in response to a challenge from Dr. Raymond Moody to study NDE's scientifically. This

study was called the Seattle Study. The research team consisted of eight researchers that also included Dr. Bruce Greyson who is considered to be the foremost scientific authority on adult NDEs and is the editor of LANDS Journal of Near Death Studies.

Dr. Melvin Morse, (1990) a renowned pediatrician and leader in the field of near-death research through his studies with children has presented astonishing proof that these experiences do exist. Some of the discoveries of the research team are as follows:

1. They have proven that a person actually needs to be near death to have {italics added} a NDE. This finding silenced many skeptics who had said that these events were just hallucinations that any seriously ill patient could have. By scientifically comparing the experiences of seriously ill patients with those who had been on the brink of death, the team was able to determine that one does need to cross that threshold before glimpsing the other side (p. xi).
2. They have been able to isolate the area in the brain where near-death experiences occur. This area, close to the right temporal lobe, is genetically coded for NDEs. Dr. Morse and his researchers explored whether this could be the "seat of the soul," the area that holds the vital essence that makes us what we are. (p. xi).

Dr. Morse reports that the soul hypothesis explains out-of-body experiences, the sensation of leaving the body and accurately describing details outside of the body's field of view, or in other parts of the hospital, or accurate details of one's own cardiac arrest--things that are virtually impossible to explain if we do not believe in a consciousness separate from our bodies that could be called a soul. His findings eliminated the theory that NDE's are the result of drugs or sleep deprivation or that they are bad dreams or subconscious awareness, or lack of oxygen in the blood. Dr. Morse (1990) also stated the medical establishment wears mental blinders when it comes to the subject of death, that they should be able to answer questions about death just as we can about

other aspects of normal development and life changes. He added that the physician is poorly equipped to handle failure as is the patient; that it is well documented that as patients get closer to death their doctors and nurses spend less time at their bedsides. They spend less time examining the patient or providing psychological comfort; that family members visit less frequently and for shorter periods of time. He felt that educating physicians, nurses, and researchers about what people experience in those final hours will shatter our prejudices about the ways we think about medicine and life. Health care workers should make the patient's spiritual needs a routine part of daily rounds. By discussing the dying process, we will learn to heal ourselves, families will learn from the grieving process, and physicians and nurses will prevent the burnout of working with the dying (Morse, 1990, pp. 102-104, 206).

Moody (1988) stated "many studies on literally thousands of NDEers have been done and to show their truth or validity the researchers developed a scale to prove those that really occurred from those that were false or imagined" (p. 161). The following studies utilized a 'NDE Patient Questionnaire Scale'.

As Moody (1988) reports about a study, titled "The Evergreen Study," he states they were able to examine near death experiences of forty-nine residents of the northwestern United States. They were interviewed using a standard method where the NDEers were allowed to give an uninterrupted account of their encounter with death. Then after their narrative was completed, a series of standard questions about the experience were asked. These questions were the same asked by Kenneth Ring who examined the NDEs of dozens of people and published the results in his book entitled Life at Death: A Scientific Investigation of the Near Death Experience published in 1980. His method of questioning NDEers has become the accepted method of discovering whether a person has had a NDE or not (Moody, 1988, p. 156).

Ring (1980) reported that of 49 NDEers he interviewed, 80% claimed their fear of death had decreased or vanished entirely, as opposed to 29% of a control sample of 38

non-NDEers who had been close to death. Ring's subjective impression from these interviews was that loss of fear of death was one of the strongest effects differentiating NDEers from non-NDEers (Moody, 1988).

In a retrospective study contrasting the NDE of 183 persons who reported Near Death Experiences and 63 persons who reported no near-death experiences, the two groups did not differ in age, gender, or time elapsed since the near-death encounter. Near death experiencers reported all 16 items of the NDE Scale significantly more often than did non-experiencers (Moody, 1988).

In order to establish reliable criteria for the occurrence and amplitude of NDEs, Dr. Bruce Greyson developed a quantitative NDE Scale (Greyson, 1983). He reported that the 16-item scale can be used by researchers to explore the association between NDEs and hypothesized causal factors and aftereffects. Greyson (1983) went on to say that it can be used by clinicians to differentiate NDEs from other reactions to a near death encounter, such as organic brain disorders and other stress responses.

The NDE Scale has been shown to be both reliable and valid, and provides measures of "depth" of the NDE and of four components of the experience: Cognitive, Affective, Paranormal, and Transcendental (Greyson, 1983). The NDE Scale is also useful in categorizing NDEs into discrete types (Greyson, 1985), based on whether the Cognitive, Affective, Paranormal, or Transcendental Component features are most prominent. Since different types of NDE may result from different mechanisms and may produce different aftereffects, they are worth distinguishing. The NDE Scale has been shown to be reliable, valid, and useful for clinical and research purposes (Greyson, 1990).

As was attempted to prove above by well-known researchers, it is well documented that Dr. Raymond Moody has been given the credit for the term Near Death Experience with all of his thousands of documented cases and by his peers. In looking at

his explanations, through his research, he has attempted to explain NDEs as spiritual experiences and glimpses into the otherworld. In Dr. Moody's book, The Light Beyond, some questions asked were (in brief): (a) "How is it that the patients can give such elaborate and detailed accounts of resuscitations, explaining in their entirety what the doctors were doing to bring them back to life?" and (b) "How can so many people explain what was going on in other rooms of a hospital while their bodies were in the operating room being resuscitated?" Then examples were given from his studies.

The following section of this chapter is on religious/spiritual changes in the patient and family. In Dr. Moody's research, he has found that religion is not a requirement of a NDEer.

Part IV: Religious/Spiritual changes in patient and family

Moody (1988), in his ongoing research, states that he has discovered that "NDEers with all sorts of religious backgrounds found that some did and some didn't believe in God before the NDE, but they all do after the experience. These experiences happened to non-believers just as frequently as believers" (p. 87).

"Both groups emerge with an appreciation of religion that's different from the narrowly defined one established by most churches. They come to realize that through this experience that religion is not a matter of one right group versus several wrong groups. People who undergo a NDE come out of it saying that religion concerns your ability to love; not doctrines and denominations. They think that God is a much more magnanimous being than they previously thought" (pp. 87, 88).

Some people think that only the very religious have NDEs. Research has shown that this isn't true. Dr. Moody, Dr. Melvin Morse and others have found that the very

religious are more likely to think of the being of light as God or Jesus and will most often call the place at the end of the tunnel, Heaven. Dr. Moody (1988) states religious background doesn't alter the core NDE; they still leave their bodies, have tunnel experiences, see beings of light, and have life reviews just like the non-religious. It isn't until later that they put the experience into a religious context. He has found the very religious come back from NDEs very nondenominational.

He stated in the conclusion in his book that "The psychotherapist C.G. Jung summed up my feeling on life after life in a letter he wrote in 1944. " This letter is especially significant since Jung himself had an NDE during a heart attack just a few months before he wrote it:

"What happens after death is so unspeakably glorious that our imaginations and our feelings do not suffice to form even an approximate conception of it...Sooner or later, the dead all become what we also are.

But in this reality, we know little or nothing about that mode of being. And what shall we still know of this earth after death? The dissolution of our timebound form in eternity brings no loss of meaning. Rather, does the little finger know itself a member of the hand" (p. 198).

Moody says a wise man once said: "A religious person follows the teachings of his church, whereas the spiritual person follows the guidance of his soul" (1988, p. 162). Greyson (1992) identified three distinct types of distressing NDEs: (a) "the first as unpleasant or terrifying; (b) "the second was characterized as emptiness, nonexistence, a featureless void"; and (c) the third involved "frankly hellish images" (p. 240). On the other hand, some report a complete personal transformation and a profound spiritual

awakening" (Ring, 1984, p. 240).

Regardless of their cause, NDEs can permanently and dramatically alter the individual experiencer's attitudes, beliefs, and values. The increased publication of literature on the aftereffects of NDEs has focused on the beneficial personal transformations that often follow this experience. Aftereffects typically reported include increases in spirituality; concern for others; appreciation for life; decreases in fear of death, materialism and competitiveness (Flynn, 1986; Bauer, 1985; Sabom, 1982 & Noyes, 1980). The profound changes in attitudes and in behavior have been corroborated in long-term studies of NDEs, in interviews with their significant others, and in research comparing NDEers with survivors of close brushes with death who do not recall NDEs (Ring, 1984; & Greyson, 1983).

Moody, has a section of his book dedicated to different researchers and their thoughts on NDEs (1988). An interesting concept or theory of archetypes in NDEs was Michael Grosso who talked about all kinds of spiritual events having common threads. There are some interesting relationships between certain deep NDEs and prophetic NDEs, and links between some UFO contact cases, "and those amazing patterns of collective apparitional experiences called Marian visions, in which the Virgin Mary becomes visible on walls or other objects in towns" (1988, p.154). He discussed the sudden worldwide acceleration of Marian visions. The Marian vision and this researchers own experiences were the reason for doing this project on NDEs. Some of this researchers own experiences showed a connectedness with the NDE and a supernatural event. The result was a conversion experience without the NDE. This refers to a Marian apparition or getting to "see" something that most people in their lifetime just

do not get the chance to see. Chapter 5 includes a detailed explanation of this researcher's supernatural event.

After having an NDE, did people change their way of thinking about God? Did their religious beliefs change or become stronger in any way? This can be equated with a supernatural event resulting in a conversion experience which many have had without the NDE, both of which have the same conclusion: a closer awareness of God and in so doing accomplish the same purpose or outcome. Both accomplish a conversion experience. The answer to this question from all the literature is a resounding "yes", whether the NDEer had a vision of Heaven or a vision of Hell. They come back with an increase in faith, spirituality, and seemingly a religion more "knowing" than before.

Part V: Literature Review of Spiritual/Religious Doctrines

(To follow are sections from After Life, by Michael Brown, reprinted with permission).

Reincarnation

Brown (1997) reports what the Mother of God says about reincarnation:

You go to Heaven in full conscience, that which you have now," [italics added] she said on July 24, 1982 in Medjugorje. "At the moment of death you are conscious of the separation of the body and soul. It is false to teach people that you are reborn many times and that you pass to different bodies. One is born only once. The body, drawn from the earth, decomposes after death. It never comes back to life again. Man receives a transfigured body" [italics added], (p. 6).

Michael Brown adds that such is also borne out by those who claim to have had a NDE. Today we are privy to many such cases because of modern techniques of rescue

services that allow us to "bring back" those who would otherwise have met their deaths. It is only up to God. Some documented cases are after embalming and burial has taken place. If God wants them to come back to tell their story they will whether it be during resuscitation, the embalming or as in some cases after burial where someone heard them banging on their coffins, irregardless of resuscitation. Such was the case of a woman who was in her coffin and a relative came late to the funeral and asked to see her. She came back to life and three years later had the son better known as Robert E. Lee.

Visions of Hell

Brown, recounts those who've had death experiences sometimes relate their brush with demons in a horrid netherworld:

"They began clawing at me and biting me," said a former art professor who had one such encounter. "And just as I'd get one off, it seemed as though five more would be back on me, clawing and pushing. I had the sense that there were innumerable numbers of people clawing at me, working to make me as miserable as possible. It was essentially an atmosphere of darkness, fear, pain, and utter loneliness." The teacher was brought back to life and given a second chance after invoking God. The same happened to an unbelieving young person who was sarcastic toward religion and made fun of its truths. He had the horrifying experience of going into a coma and being buried before coming back to life and knocking on the coffin so loud that a gravedigger heard him. "When I regained consciousness in the grave and recognized the frightful reality of my burial, when after having uttered shrieks, I endeavored to break my coffin, and struck my forehead against the boards, I saw that all was useless. Death appeared to me

with all its horrors; I saw I was going to be damned" (Brown, 1997, p. 38). If all the stars of Heaven were licks of fire, said another who was sent to Hell, they could not express what torments I endure! Another researcher tallied five out of 30 interviewees, or 13 % as having negative or Hell experiences (p. 38).

Other statements: "The heat is dry, a dehydrating type," he wrote. "Your eyeballs are so dry they feel like red-hot coals in their sockets". St. Teresa described Hell as the "blackest darkness." "The physical pains are never-ceasing and intolerable. There is no hope and no consolation. It is as if the soul is tearing itself to pieces. The fact is I cannot find words to describe that interior fire and that despair, which is greater than the most grievous tortures and pains. It is an oppression, a suffocation and an affliction so deeply felt and accompanied by such hopeless and distressing misery, that I cannot too forcibly describe it." (p. 41).

During the famous apparitions at Fatima, Sister Lucia dos Santos said she was shown a vision of "a great sea of fire which seemed to be under the earth. Plunged in this fire were demons and souls in human form, like transparent burning embers, all blackened or burnished bronze, floating about in the conflagration, now raised in the air by the flames that issued from within themselves together with great clouds of smoke, now falling back on every side like sparks in a huge fire, without weight or equilibrium, and amid shrieks and groans of pain and despair, which horrified us and made us tremble with fear. The demons could be distinguished by their terrifying and repellent likeness to frightful and unknown animals, all black and transparent" (p. 34).

Brown (1997) recounts what the Virgin of Medjugorje says about Hell:

Today many persons go to Hell, God allows His children to suffer in Hell due to the fact that they have committed grave, unpardonable sins. Those who are in Hell no longer have a chance to know a better lot" (p. 36).

"Men who go to Hell no longer want to receive any benefit from God. They do not repent nor do they cease to revolt and to blaspheme. They make up their minds to live in Hell and do not contemplate leaving."

"Those who say, 'I do not believe in God,' how difficult it will be for them when they will approach the Throne of God and hear the voice:

'Enter into Hell.' [Italics added], (p. 37).

Haunted Houses

Brown (1997) states that many times the only cure for a haunted house is to have a Mass said for whoever is haunting the place. Such souls come to us in dreams. "God can miraculously permit the souls of the faithful departed to manifest themselves to the living for a useful end, and principally in order to manifest some truth or other," said the famous mystical theologian Adolphe Tanqueray (p. 65). Brown (1997) says that often we hear about cases where ghostly apparitions are seen or where household articles are mysteriously moved in the rooms of those departed. This can be a plea for intercession and we should immediately have a Mass said for whoever it was who lived in the house. We cannot command out human spirits as we can command out demons. Instead, we release them with prayer, pleading with God to lessen their Purgatory or to free them from their earth-bound status (Brown, 1997, pp. 41-67).

Purgatory

The Mother of God describes Purgatory in this way:

"In Purgatory there are different levels. The lowest is close to Hell and the highest gradually draws near Heaven." She adds "There are many souls in Purgatory, also persons who have been consecrated to God--some Priests, some religious. Pray for their intentions. At least the Lord's Prayer the Hail Mary and the Glory Be seven times each, and the Creed. I recommend it to you. There is a large number of souls in Purgatory for a long time because no one prays for them" [italics added], (p. 46). In Medjugorje the Virgin said, "There are in Purgatory souls who pray ardently to God, but for whom no relative or friend prays on earth. God makes them benefit from the prayers of other people. It happens that God permits them to manifest in different ways, close to their relatives on earth, in order to remind men of the existence of Purgatory and to solicit their prayers to come close to God Who is just but good" [italics added], (p. 65).

Visions of Heaven

Brown recounts NDEers, visionaries, the Blessed Virgin Mary, and other descriptions of Heaven. A Christian physician encountered "gorgeous, white, four-petaled flowers and heavenly music that was beautifully different from anything we know. He told of a delicate aroma, an exquisite fragrance that reminds us of the "odor of sanctity" and found his body to be transparent and self-illuminated--weightless and cloudlike. His robe felt rare and like silk. For miles it seemed there stretched rolling hills under cloudless skies of a color new to me, of an iridescent white-gold light. Flawless evergreens covered the hills that rose

from the flower-carpeted valley floor. The trees somewhat resembled arborvitae but were too stately and perfect to be earthly. He said the grass grew thickly and without a single broken blade" (1997, p. 98).

From Medjugorje the visionaries told of everything seemed like diamonds and stars and Heaven was described as a place where people are always singing with angels hovering above and the happiness on the faces such that it goes beyond depiction. Vicka, one of the visionaries who got to go see Heaven, Hell and Purgatory with the Mother of God says people in Heaven know the absolute fullness of a created being. Mirjana says the trees, the meadows, the sky is totally different from anything on the earth. The light is much more brilliant. It is beautiful beyond any possible comparison with anything I know of on earth. The people have everything. They need or want nothing. They are totally full." Heaven is beyond human comprehension" (p. 99).

"I want each one of you to be happy here on earth and to be with me in Heaven," said the Blessed Virgin. "That is, dear children, the purpose of my coming here and it's my desire." "Peace, peace, peace. Only peace. Make your peace with God and among yourselves." "For that, it is necessary to believe, to pray, to fast, and to go to Confession." "Whoever has done very much evil during his life can go straight to Heaven if he confesses, is sorry for what he had done, and receives communion at the end of his life" [italics added], (p. 101).

In trying to show the research done on spirituality, this will lead to why the NDEer needs so much help, education, and consolation from the nurse. If physicians and nurses are leaving the patients at the bedside, not wanting to deal with this new phenomenon as previously shown, then the aftereffects of the NDE will be much clearer

to the reader.

Part VI: Documented Near Death Experiences

To follow are sections from After Life by Michael Brown reprinted with permission: Brown, (1997) recounts documented cases of visions of Heaven, Hell, Purgatory, and what to do with haunted houses. Brown is an investigative journalist, NDE researcher with many documented cases in all categories. These accounts to follow are from Mr. Brown's files-A woman's NDE of a spiritual nature:

"And then he hit me in the chest. I guess I had gone into heart arrest and I remember looking down and seeing him hitting me on the chest. It's like I'm looking down at my own body. It was amazing. I'm looking down at him working on my body and hearing things that he was saying and seeing him throwing things and I remember thinking, 'That's me. That's me there.' "And then all of a sudden I felt a pull, like something pulling me. And I was, like, up at the ceiling looking down and I was going through this dark tunnel. On each side of me there were little sparkly lights, like tiny firebugs all around me, and I looked up and remember seeing this light that was way down, this little bright light that, as I was getting to where I was going, was getting larger. I knew--I don't know how I knew, but I knew--I had to go to that light, that there was safety in the light. I went into the light and it was brilliant and the Light was Christ, and He looked just like He did when He ascended into Heaven. He wore the white tunic and He had His hands up. I saw the wounds. He just embraced me--and the love! I have never known that kind of love. I thought I knew what love was. Being a mother I love my children and grandchildren so much, but the love of Christ is so

consuming, it's just unbelievable, beautiful. He spoke to me but it wasn't words. I could hear Him but I didn't see His lips moving. He was thinking from His mind to mine. He asked if I was satisfied with my life. I remember looking around. He pointed and whenever He did my whole life went from the time I was a little tiny child at the age of two on up to the birth of my three children and up to the present time. It was just like a movie, seeing my life. I could see everything I had ever done wrong. He showed that to me--and everyone I could have helped and I didn't! And oh gosh, there were a lot of people I could have helped that I didn't. I felt His sorrow that I had turned my back on them" (pp. 29-30).

Part VII: The aftereffects of NDE's on patients/families as related to nursing

In an attempt to show the aftereffects these people go through, such as the spiritual and religious changes above as awesome as they are, and the lack of caring on the part of the physicians and nurses as documented above, now this researcher will attempt to show how the aftereffects of this profound experience without guidance can alter their lives as well. Some concepts, theories and conceptual frameworks that support the research purpose will be included. According to Greyson, (1997) Near Death Experiences often produce profound changes in attitudes and behavior that can lead to psychosocial and psychospiritual problems. The diagnostic label of religious or spiritual problems, included in DSM-IV under the category of other conditions that is a focus of clinical attention, was originally proposed to encompass NDE's and their aftereffects.

Atwater (1994) states "I found that it takes the average near-death survivor seven years to even begin to integrate the experience." "This is often true of children as well" (p. 202). An interpretive study by Orne (1995) was completed on patients who had an

NDE during a cardiac or respiratory arrest and how they experienced this early period of survival. Philosophical Gadmerian hermeneutics (1990/1975) informed and guided this study. Orne states "that the interpretation demonstrated that NDEs and their early aftermath can be the positive, life-enhancing experiences that the common lore and most research tend to depict, yet they can also be unpleasant and distressing experiences fraught with emotional pain and angst" (1995, p. 240). These patients will need much more emotional support. The researcher concluded that "considerably less is known about the early aftermath of an NDE, a time described by someone who had experienced NDE as one when known worlds collapse and belief systems collide" (Atwater, 1988, p. xvii). Early aftermath was defined in this study as the period of hospitalization subsequent to the NDE. Orne concluded that this timely perspective is important for nurses who care for these often bewildered and anxious patients (Orne, 1995). Characteristically, these transformations tend to evolve over time and involve a sense of peacefulness and unconditional love, reduced interest in material things, enhanced appreciation for relationships and lust for life, heightened spiritual and religious orientation, and little or no fear of death.

Roberta Orne (1995) stated in her interpretive study that the early days, weeks, and months following NDEs have been described by clinicians and people experiencing NDE alike as a particularly crucial, frequently unsettling time as survivors attempt to make sense of the near-death experience and deal with its aftermath in daily living. This can be readily understood, for both the NDE itself and its reported aftereffects contradict conventional wisdom; the NDE can be neither seen nor empirically measured, and the aftereffects are "totally unlike the aftereffects of any phenomenologically comparable

experience" (Greyson, 1989, p. 87). Ring wrote in 1988 and 1984, that some people experiencing NDE reported heightened psychic awareness and abilities such as clairvoyance, telepathy, and prophetic visions (Orne, 1995).

It is clear that, without an informed understanding of the early aftermath of NDEs, it is nearly impossible for the nurse to develop meaningful interventions, counseling, or supportive services. (Orne, 1995). Munhall (1992) contended, "Our nursing knowledge base must include the human experience. We need to become oriented to a world of meaning [for] meaning will enlighten and give direction to our nursing practice" (p. 257).

Summary

The knowledge of NDEs and a belief in God and in an afterlife remains strikingly consistent throughout time and spans many diverse cultures, religions, and beliefs. The general features of NDEs described by people of ancient civilizations to present day are similar. There are positive and negative NDEs. The negative ones usually bring the person to a renewed sense of enlightenment. They decide they need to change their lives for the better, because they don't like the alternative they've just seen, and realize they've been given another chance.

Numerous research had been done in this field since the 1960's when Dr. Raymond Moody put a clinical name of near-death experience to this wondrous phenomenon. The scientific research done has resulted in conclusive evidence that NDEs exist and are real and they have successfully established that the skeptics alternate theories are false.

The NDEer may not be able to assimilate the Near Death Experience into their lives if they meet with rejection of their new ideas and beliefs or do not comprehend

what's happened to them or it was not put into a positive connotation for them. Studies of health care professionals indicate that they lack the knowledge of ways to help their patients and to develop a plan of care that will incorporate the NDE into his way of life and to meet his needs. Anecdotal accounts suggest that patients are affected by health care professionals' attitudes, verbal and nonverbal cues. Patients have a great deal of difficulty in incorporating their new meanings of life with the family's old way of perceiving them. It is necessary to assess the short-term and long-term impact of the experience on each patient individually and according to his/her own experience.

Chapter two concludes the literature review. In the subsequent chapter, three is the design of the problem, a conceptual map of the design, setting and participants, data collection, and teaching.

Chapter III

Design of the Problem

Introduction

The purpose of this study was to: (a) review the literature regarding NDEs and present a summary of the common characteristics of NDE's; (b) review historical research and literature pertaining to the knowledge of NDE's; (c) review studies done to validate NDE's being factual or not; (d) review spiritual and religious aspects; and (e) and review selected literature related to nursing, in regard to the importance of the aftermath of the NDE for the patient and his/her family. The organization of sources is by concepts, ideas, and spiritual components and their relationship to the subject matter.

Problem Design

The design of the problem was a descriptive phenomenological approach. It is possible to use the combination of strategies to collect these data, because the process of data collection required absolute concentration and complete absorption in NDE's. According to Burns and Grove, page 578, "the process of intuiting is actually "looking at" the phenomenon. During intuiting, the researcher focuses all awareness and energy on the subject of interest to allow an increase in insight." The above description is an element of phenomenological qualitative design.

The design of the problem was also used to examine the characteristics of a single population (NDEer's). Incorporating this definition qualifies the study as multi-design, phenomenological, and descriptive.

Setting and Participants

The setting for the problem was in two states in the Midwest, Kansas and Oklahoma. There were five participants in the study. Five people, who have had a previous Near Death Experience in their lives, were asked to complete this project. Three women and two men were all from different backgrounds at the time of their NDE.

Protection of Human Subjects

Pittsburg State University's Protection of Human Rights Committee guidelines for research were followed in collection of data. The first step in securing research approval was to ascertain whether an application should be sent to the University's Protection of Human Rights Committee. A copy of the completed interviews were looked at by the project's committee members, and it was found that the project complied with the requirements and policies established by the University. It was assumed that voluntary participation and confidentiality were understood.

Data Collection

Instrument Survey

The process recording procedure involved an interactive interview with four subjects. The following questions were asked of all the NDEers: (a) one was to explain, in their own words about their Near Death Experience; what occurrence brought it on or caused it to happen? (b) Did it change them spiritually or make them more religious? (c) Did medical personnel help them through their Near Death Experience; or did they tell them about what happened?

These questions were derived from the literature and expanded upon in the interview process using King's concepts of interaction, perception, communication,

action and impact.

Question one was derived from the literature review in Part II: Characteristics of the Near Death Experience. The participants were asked to tell about their own particular Near Death Experience and what happened just prior to the experience that brought it on or caused it to happen?

Question two was derived from the literature review in Part IV: Religious/Spiritual changes in the patient and family. The participants were asked to tell if the NDE changed them spiritually or made them more religious.

Question three was derived from the literature review in Part VII: The aftereffects of NDEs on patients/families as related to nursing. The participants were asked to tell if medical personnel helped them through their Near Death Experience; or did the patient not tell them about what happened?

Initial contact of most participants was made by the referring person. After receiving the name and phone number, a phone contact was made and the project explained. The person had the option of saying "no" to the study, and no further contact was made. If they chose to participate, the consent form was sent through the mail. Return mailing labels and postage were included with the consent form. After signing, they returned them with the signed and dated consent form. The consent stated that all information would be treated with strict confidentiality and no one individual would be identifiable in the results. All participants were free to withdraw at any time without prejudice.

Participant consent forms were stored separately from the process recordings. A cover letter explaining the purpose of the study was included. A time was scheduled, and

the audiotaped process recording was completed at a later time.

Validity and Reliability

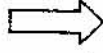
The validity of the instrument was generated through the literature by previous researchers and was an open-ended question. Reliability is generally not reported in the literature so there was not found any reliable coefficient reported for open-ended questions pertaining to NDE's.

Conceptual Map of Design:

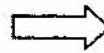
Following is a conceptual map of the study:

Conceptual Map of Design

King: Concept of Interaction lead to this study. Interaction is a 2-way reciprocal process in which the nurse and patient each affect the behavior of the other and both are affected by factors within the situation.



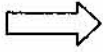
King's concept of Impact is a focus of the evaluation phase of the nursing process.



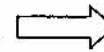
Parts of Lit Review

1. Historical Review
2. Characteristics of NDE's
3. Is there proof?
4. Religious/spiritual changes in pt/family
5. Spiritual/Religious Doctrines
6. Documented NDE's
7. The aftereffects of NDE's on pt/family

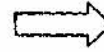
Phenomenon of Interest: Near Death Experiences.



Literature Review



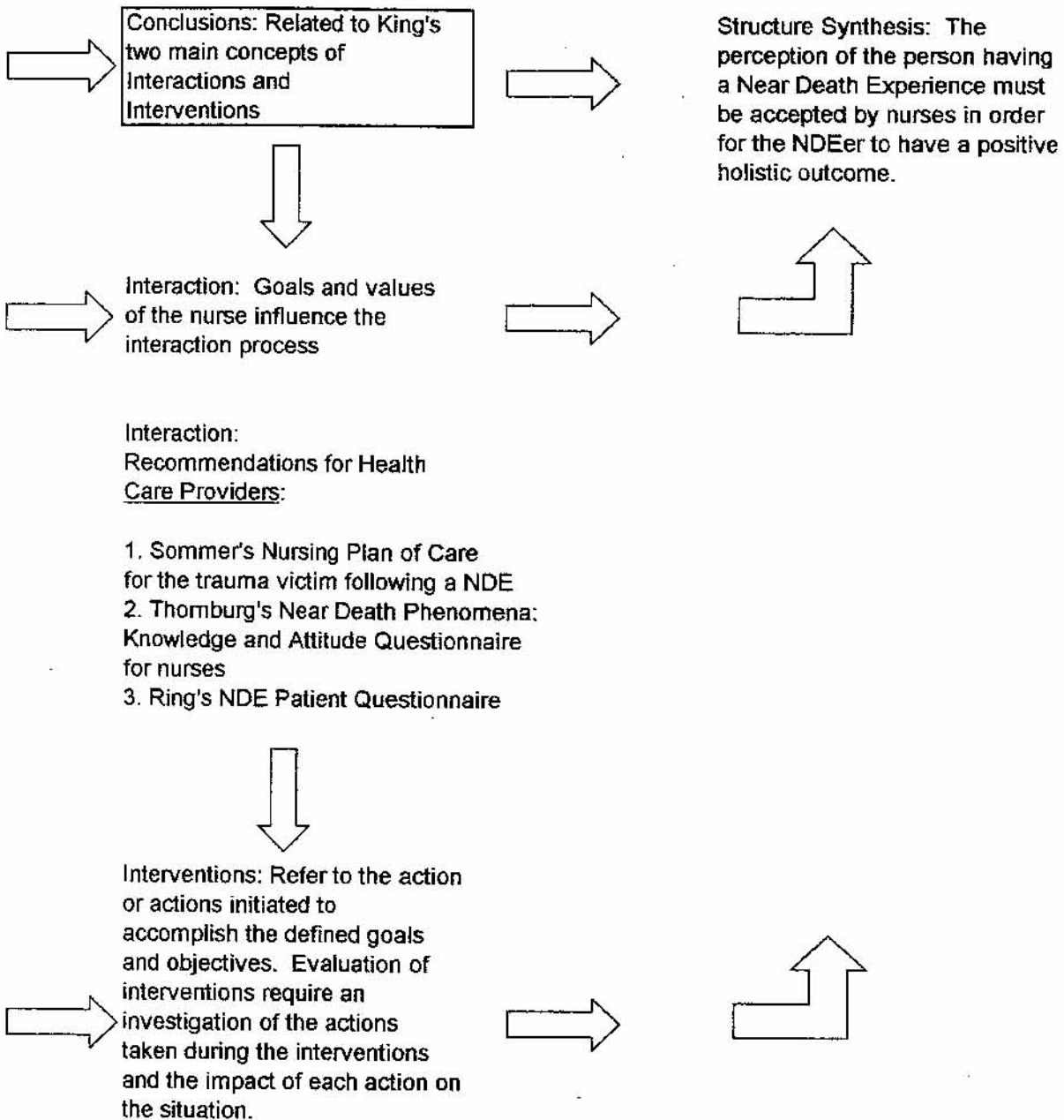
King's concept of Perception: A person's perception is derived from interaction with others during the interview. It's each person's representation of reality while communicating.



Themes:

1. Going to Heaven or another dimension.
2. A conversion experience with an increase in spirituality and an increased awareness of God.
3. An increase in love
4. NDEer's did not feel comfortable sharing their experience with health care providers.

Conceptual Map of Design, p.2



Variables within King's Conceptual Framework

This project was guided by two main concepts of King, 1981, interaction and intervention. Interaction was included because it is a process central to determining the factors that affect NDEers' disclosure of their transcendental experiences. The second concept of the framework, intervention, was explored to develop ways to meet the needs of the NDEer and to evaluate the effect of what was actually done.

1. Goals, needs, and values of nurse and client influence the interaction process.
2. Individuals have a right to knowledge about themselves.
3. Individuals have a right to participate in decisions that influence their life, their health, and community services (p. 206).

Other assumptions more specific about NDE's, upon which this study must be based include:

1. That the NDEer will be providing factual information concerning the NDE and not be making any of it up.
2. That the time lapsed since the NDE is not too long for the patients to still be able to provide accurate information.
3. A Near Death Experience is a real experience.
4. Nursing can help patients work through this experience.

Summary

In summary, chapter three is a blueprint for data collection. The researcher contemplated the phenomenon NDE while listening to recordings of individuals self-reporting about Near Death Experiences, reading the transcribed dialogue, and viewing the videotape. These steps provided a multi-sensory immersion in the data that resulted

the videotape. These steps provided a multi-sensory immersion in the data that resulted in the development of conceptual clusters. Chapter four shows the display of data gathered.

Chapter IV

Research Data Analysis

Introduction

This project reviewed the literature regarding NDEers report of their experiences, perceptions, and subsequent disclosure. The purpose of the study was to: (a) review and report the literature related to NDE's, (b) interview selected individuals who report having had a NDE, (c) make nurses more aware of this phenomenon and their own spirituality through this project; and provide educational guidance to nurses on how to help their patient deal with NDEs. NDE patients' interactions with this researcher, and significant others concerning the NDE, the perceptions and communication in the disclosure of an NDE, the interventions encountered in response to the patient's NDE, the effects of nursing actions, if any, and the overall impact of the NDE were explored and analyzed.

The data obtained in this study was analyzed using descriptive statistics. The researcher "organized the data in ways that give meaning and facilitate insight, to examine a phenomenon from a variety of angles in order to understand more clearly what is being seen" (Burns and Grove, 1993, p. 293).

Five people who had a previous Near Death Experience in their lives were interviewed to complete this project. Table 1 shows the percentages of NDEer's common experiences and Table 2 shows how many of the criteria were met from a total of 15.

Table 1.
Percentages of NDEer's Common Experiences: (Clusters of Concepts)

Percentage	Criteria used
100%	Had a NDE or a conversion experience
100%	Stated the experience made him/her more spiritual
100%	Stated they were taken to Heaven or another dimension
100%	Stated they saw or heard a "being of light" they described as God, Jesus, Spirit, or Angel
60%	Stated they saw a bright light, couldn't look upon it, some describe as God the Father
40%	Stated they went through a tunnel with light either in the tunnel or at the end
60%	Referred to the close presence of relatives nearby
80%	Described feeling of peace, love, or serenity
60%	Described seeing parts of Heaven: mansions, streets made of gold, beautiful gardens, rivers, or different levels of Heaven
40%	Described or were aware of hell, Satan, or evil spirits
40%	Were told their final judgment or saw the "Book of Life" with name listed
40%	Saw their body below them in the room while floating above or floated to another room
40%	Heard what was being said in room while floating above or being out of body
80%	Were given special graces-gift of prophecy, ability to heal, etc.
100%	Were given a special "work to do" or told they had to leave to do a special work on earth

Table 2.

Criteria met out of 15

Participant (NDEer) #	#Met
#1	Met 8 out of 15 Criteria
#2	Met 8 out of 15 Criteria
#3	Met 12 out of 15 Criteria
#4	Met 13 out of 15 Criteria
#5	Met 11 out of 15 Criteria

The 15 clusters of concepts guided the researcher in the conceptualization of four common core themes. A structure synthesis evolved from these four core themes. These four themes are as follows:

1. Going to Heaven or another dimension.
2. A conversion experience with an increase in spirituality and an increased awareness of God.
3. An increase in love in their hearts.
4. NDEers did not feel comfortable sharing their experience with health care professionals.

The structure synthesis that was developed is as follows:

The perception of the person having a Near Death Experience must be accepted by nurses in order for the Near Death Experiencer to have a positive holistic outcome.

Summary

Chapter four summarizes the problem findings. Chapter five follows with a discussion, summary, conclusions, and nursing implications related to Near Death Experiences.

Chapter V

Discussion of Study Findings

There has been little research done in the area that analyzes the spiritual with the clinical aspect of the health care providers' awareness or even knowledge of this subject. In nursing today, there is emphasis on holistic care of the patient that should include the NDE. One problem facing nursing today is not knowing what to do to help this population of thirteen million people that have had a NDE.

The literature reviewed was regarding NDEs and summarized common characteristics of NDEs. In addition a historical literature review of the research validated characteristics of NDEs. A selection of literature was reviewed regarding spiritual and religious aspects. The literature review concluded with nursing in regard to the importance of the aftermath of the NDE for the patient and his/her family. The organization of sources was by concepts, ideas, and spiritual components and their relationship to the subject matter.

This research problem examined both the patient and nurse's perceptions related to this event, how effectively nurses have dealt with these situations in the past or not (evaded the issue); how they have advised their patients, what education or lack of it has occurred; what the patients have experienced; how they dealt with the situation if they had help from their physician or nurse, and some of their outcomes as related to or lack of education.

The goal of this project was to: (a) validate the Near Death Experience through literature, (b) validation of the individuals reporting the NDE, and (c) to obtain information that may be helpful in raising awareness of the need for this kind of nursing education as well as educating nurses on how to assist their patients with this new and

interesting phenomenon. The goals generated the following question for the project:

Are near death experiences validated in the research literature and by the individuals reporting the NDE?

The literature review summarized the common characteristics of Near Death Experiences; historical reviews of the research and knowledge of NDEs; reviews of studies done in order to prove the existence of NDEs being factual or not; spiritual and religious aspects of the patient and family, including a selected review of the literature; literature review of spiritual and religious doctrines; documented NDE's; and the aftereffects of NDE's on patients and their families as related to nursing.

This researchers interpretation of the above findings were conclusive that there is such a supernatural phenomenon known as a Near Death Experience. They have occurred since biblical times. The general features of NDEs described by people of ancient civilizations to present day are similar. The knowledge of NDEs and a belief in God and in an afterlife remains strikingly consistent throughout time and spans many diverse cultures, religions, and beliefs. Anecdotal accounts suggest patients need to talk about their experiences and to feel acceptance from their health caregiver working with them. If there could only be one, of the common themes that were found in this project, it would be an overwhelming sense of love they experience.

The research question - Are Near Death Experiences validated in the research and by the individuals reporting the NDE - was answered throughout the project. NDEs were validated through the results of many studies reported in the literature, as well as other possible reasons for the persons' experience, which was determined not to be caused by

drugs or "something the brain goes through" when it is dying. It was validated over and over. This researcher believes NDE's occur because of God wanting to show the NDEer there is a God, there is Heaven, we will all be judged, and through either a positive or negative NDE that person will come back and either change their ways; or if they were spiritual to begin with, use their experience to help others gain Heaven one day.

The clusters of concepts on page 65 validate these beliefs. From 15 clusters of concepts, four main core themes were developed that showed what happens to a person having a Near Death Experience. From these four themes, incorporating the findings from the literature review, and assimilating the specific information of the NDEers in this study, a structure synthesis was developed. The researcher deduced in the structure synthesis that the perception of the NDEer must be accepted by the nurse in order for the nurse to provide a positive, holistic, and supportive outcome for the patient; therefore Near Death Experiences are related to nursing.

The NDEer may not be able to assimilate the Near Death Experience into their lives if they meet with rejection of their new ideas and beliefs, or do not comprehend what has happened to them, or the NDE was not put into a positive connotation for them. Studies of health care professionals indicate that they lack the knowledge of ways to help their patients and to develop a plan of care that will incorporate the NDE into his way of life and to meet his needs. Anecdotal accounts suggest that patients were affected by health care professionals' attitudes, verbal and nonverbal cues. Patients have a great deal of difficulty in incorporating their new meanings of life with the family's old way of perceiving them. It is necessary to assess the short-term and long-term impact of the experience on each patient individually and according to his/her own experience. The

findings of this problem supported previous research findings that patients undergoing a NDE did not confide their experiences with health care workers.

This researcher did not find any nursing research studies involving the following three areas at one time: NDEs, changes in spiritual and religious beliefs of the NDEer, and nursing interventions for patients and their families to deal with this very personal, but powerful phenomenon. Different nursing theories, along with the spirituality and various religious beliefs of the NDEer and the nurses involved, all come together showing how important it is for the NDEer to have someone supportive when they "come out of it" and wonder if what just happened to them was real. According to the literature, most people having a NDE don't know that such a thing exists and there is a name for it. The research findings in this project supported this as well:

From the Journal of Near-Death Studies, Janice Miner Holden (1988, pp. 19-31) studied NDE's in a dissertation entitled "Rationale and Considerations for Proposed Near-Death Research in the hospital setting using Veridicality Research." In this study Holden (1988) concluded that NDEers could benefit from some verification that seemingly realistic NDE perceptions actually corresponded to "reality". Those that they could also benefit if a better understanding of the "objective reality" of the NDE were available would be to those with whom the NDEer subsequently interacts. She goes on to say in a recent article containing guidelines about how best to intervene when one encounters a near-death experiencer, the authors stated that "caregivers should validate the individual's subjective experience in and of itself. However the individual or the caregiver interprets the NDE and its meaning, the experience itself must be recognized as subjectively real and powerful..." (Greyson & Harris, 1987, p. 46). In the absence of

evidence regarding the objectivity of the experience, the caregiver is, indeed, limited to a phenomenological approach to intervention; this lack of evidence also limits the scope of the straightforward factual information" the caregiver is encouraged to provide. In addition, such evidence would probably limit the "biases" that caregivers are admonished to control" (Clark, 1984, p. 247). Indeed, negative bias on the part of an interviewer has been detected by at least one NDEer (Sabom, 1982) and such biases on the part of the caregivers can have a profound negative impact on the NDEer's subsequent adjustment (Ring, 1984).

Thus further evidence regarding the "objective reality" of the NDE could enhance the degree to which caregivers can be helpful to NDEers. She continued with "our understanding of the death experience in human life" (Lundahl, 1982, p. 238), also bears upon our continued acceptance of the current scientific paradigm (Tart, 1974) as well as our beliefs about the fundamental nature of human beings. Thus, although a better understanding of the "objective reality" of the NDE cannot prove the existence of the human soul, it nevertheless "touches upon the very essence and meaning of life" (Sabom, 1982, p. xii). It is this researcher's belief that a follow-up study with an increased sample size and questionnaire that included questions regarding objective reality would show findings of health care workers interactions with NDEers.

With the ever-increasing numbers of NDEs, nurses are at some point in time going to have to take care of a patient who has undergone this experience. It is imperative that they have the background knowledge of how to help their patient prior to the occurrence. This education will also be essential in helping families also deal with what has happened to the patient and how they can provide emotional support. Without

this early support of a nurse and their families this might become a counterproductive experience for them, which should be one of an increase in faith and spirituality. The clinical implications of NDEs need to be investigated further. Patients have indicated that they are reluctant to talk about their experience if they perceive the person to not believe or be supportive of them. Anecdotal accounts suggest patients need to talk about their experiences and to feel acceptance from their health caregiver working with them. The NDEer may not be able to assimilate the Near Death Experience into their lives if they meet with rejection of their new ideas and beliefs or do not comprehend what's happened to them or it was not put into a positive connotation for them.

Studies of health care professionals indicate that nurses lack the knowledge of ways to help their patients and to develop a plan of care that will incorporate the NDE into his way of life and to meet his needs. Anecdotal accounts suggest that patients are affected by health care professionals' attitudes, verbal and nonverbal cues. Patients have a great deal of difficulty in incorporating their new meanings of life with the family's old way of perceiving them. It is necessary to assess the short-term and long-term impact of the experience on each patient individually and according to his/her own experience. This study does not address health care workers interaction with NDEers. This research suggests that this should be a future study since literature findings indicate a lack of knowledge.

Questions that still need answered

One of the nursing diagnoses used in health care today is about patients' spirituality, however patients report a lack of sensitivity in health care workers to NDEers. This researcher concludes that some concepts or common traits of the NDE

continue to need further study. The following questions are suggested for further research. The questions are: Did the person experience the presence of a higher being, whether it be their own higher spiritual self, an angel or God? Did this being try to lead the person in a certain direction or give them a new purpose once they returned to earth? If they have been given a spiritual purpose or goal to accomplish, are we able to deal with our own spirituality in giving them the help they need? Do nurses feel adequate in helping God with these plans to try to lead these people out of their possible confusion and into something positive and spiritual intended by God. Nurses will have to come to grips with their own spirituality beforehand and answer one important question. Did this really happen to this patient, is he making it up? If the patient says Jesus told him to come back and try to make this a happier, better place with no violence or lies-can nurses help these people to realize that what they have experienced can be discussed and that there are people who will listen and try to help them put it into perspective? These questions lend themselves to a multitude of studies.

Nursing Implications:

To inform nurses and medical personnel about NDEs, this researcher has included items from the literature review that may be helpful: (a) To help decide whether a person had a real NDE or not, I have included Dr. Kenneth Ring's NDE Patient Questionnaire (see Appendix A); (b) a nursing plan of care for the trauma victim following a Near Death Experience has already been developed, by Sommers with diagnosis, expected outcomes, and nursing interventions (see Appendix D); (c) a near death questionnaire entitled Thornburg's Near Death Phenomena: Knowledge and Attitudes Questionnaire for Nurses (see Appendix B); (d) for care plans under the nursing diagnosis of spiritual

Nurses (see Appendix B); (d) for care plans under the nursing diagnosis of spiritual utilize the DSM-IV; Inclusion in the DSM-IV is a new diagnostic label of religious or spiritual problems allowing for the first time differentiation of these problems from adjustment disorders and major mental illnesses, and (e) a list of Serenity Interventions for nurses (see Appendix C).

Personal Experience

On a personal level to increase the reader's knowledge that think a person is mentally disturbed who had reported a NDE, this researcher presents the following scenario from an experience at work:

A patient's wife asked to talk with this researcher in the hall one day. She explained that their fifty-one year old son had died this past year and that her husband had been seeing him. She said he just couldn't accept his death. She asked, "Do you think he's nuts and I should have him committed or could this really happen?"

Upon request she described the vision he had; she said he saw their son walk up to him, smile and pat him on the shoulder and walk away. This researcher explained to her that God could have felt Mr. H was not accepting his son's death due to the quickness of the hemorrhagic CVA and allowed him to say good-bye and have some closure. She seemed very happy with this response and told this researcher later her husband had not had any more visions. It was concluded by this researcher that by using King's concepts of open communication and interaction in the above scenario, that this assisted the patient and his wife to experience a positive outcome.

Personal Spiritual Awakening

This researcher's own personal experience was not an NDE, but one with a

experience:

Michael Brown, 1997 in his book After Life, states "I know a priest, Father Steven Scheier, who broke his neck in a head on car accident, underwent a life review and due to his sinfulness and falsity as a Priest was given the judgment of Hell by Jesus. The Mother of God, the Blessed Virgin Mary interceded for him and Jesus said, 'Mother, he's yours,' the priest heard before recovering" (p. 42). This researcher also knows this priest, in fact he was the first priest this researcher talked to about joining the Catholic Church after an unusual experience. The book did not state one fact that Father Steve had told this researcher. When he was in this wreck someone had taken his sock to Medjugorje where the Blessed Virgin Mary has been appearing to six children since 1981, and prayed to her that he would be healed. His was a miraculous recovery, the ambulance attendants' thought he was dead when they first found him. He took this researcher and husband to the place where it happened one night on the way to Wichita to eat. Most people with a broken neck in that area don't even survive. He should have been be paralyzed for the rest of his life. This was a priest who loved the mother of God so much.

It was this priest that told this researcher about Lubbock, Texas, that the Mother of God was appearing to three visionaries there and giving them messages for the whole world to live by as well as in Medjugorje. (His story is Process Recording #1).

On Mary's Feast day August 15, 1988, she said that all who come in faith and come with a pure heart to St. John Newman church on that day would see a miracle. Being Catholic now, this researcher assumed 'with a pure heart' meant to go to confession. This researcher also came with a lot of faith, with my family and another

family from our church. The miracles seen that day cannot be described with words.

This researcher and her family were at an outdoor Rosary led by the three visionaries and an outdoor Mass, it had to be outdoors to accommodate the 20,000 faithful that were there. The priest had to stop Mass several times due to the supernatural happenings. It seemed as if Heaven and Earth were concelebrating Mass together. The hot August Texas sun danced in the sky, it spinned, rotated, and dipped in the sky. Those at the Mass looked right at it for at least 35 minutes with no one receiving eye damage of any kind. That is a miracle. Golden rays came out of the sun, the priest stopped Mass and said, "You are all gold, your clothes are gold, your glasses are reflecting gold." Many rosary beads and religious jewelry turned colors. This researcher had just bought a crucifix the day before and it turned to a copper color. This researcher saw the most beautiful face of Jesus in the sky with a crown of thorns on His head, and asked the man we came with what he saw because this researcher had to make sure whether the vision was real or not. He said, "I see the face of Jesus with a crown of thorns on his head." It was so detailed, this researcher was able to see the individual thorns pierce His skin. To see all the pain in His face was very difficult to know that we are all still hurting Him and He is still suffering in His Holy wounds every time we continue to sin. It changed from day to night with Mass still going on and it was time for communion. The moon was a white upright crescent that changed to an absolute blood red, then it looked like it was draining down to where the top two thirds was white and the bottom one third was red. It meant to this researcher that He was shedding His blood for us all over again.

draining down to where the top two thirds was white and the bottom one third was red. It meant to this researcher that He was shedding His blood for us all over again.

In Conclusion

Then the truth dawned, all the sinning the earth continues to do is bring about these miraculous events from Heaven, where people are having supernatural visions, NDEs with either visions of Heaven or Hell that scare them, but most come back with a new lease on life. The Mother of God is appearing many places all over the world, her statues are crying either a miraculous oil or tears of blood. We must wake up before it is too late!

Conversion and Near Death Experiences are similar in that they are of supernatural origin and produce the same outcome, a conversion experience. It is such an overwhelming religious experience. You have just been given this miraculous gift from God, and it changes your life.

Summary

The most beautiful definition this researcher has ever found of these experiences is continued on the following page:

P.M.H. Atwater (1995, pp.154-155), sums it up in her own words:

"As a researcher, I can assure you that any type of NDE can be life changing."

"But as an experiencer, I can positively affirm that being bathed in The Light on the other side of death is more than life changing." "That light is the very essence, the heart and soul, the all-consuming consummation of ecstatic ecstasy." "It is a million suns of compressed love dissolving everything unto itself, annihilating thought and cell, vaporizing humanness and history, into the one great brilliance of all that is and all that ever was and all that ever will be." "You know that it is God."

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APPENDIX A

RING'S NDE PATIENT QUESTIONNAIRE

Appendix A

Ring's NDE Patient Questionnaire

1. Was the kind of experience difficult to put into words? {If yes:} Can you try all the same to tell me why? What was it about the experience that makes it so hard to communicate? Was it like a dream or different from a dream?

2. When this episode occurred, did you think you were dying or close to death? Did you actually think you were dead? Did you hear anyone actually say you were dead? What else do you recall hearing while in this state?

3. What were your feelings and sensations during this episode?

4. Did you hear any noises or unusual sounds during the episode?

5. Did you at any time feel as though you were traveling or moving? What was that experience like? {If appropriate:} Was this experience in any way associated with the noise {sound} you described before?

6. Did you at any time during this experience feel that you were somehow separate from your own physical body? During this time, were you ever aware of seeing your physical body? {Ask these questions in turn. Then, if appropriate, ask:} Could you describe this experience for me? How did you feel when you were in this state? When you were outside your own physical body, where were you? Did you have another body? {If yes:} Was there any kind of connection between yourself and your physical body? Any kind of link between the two that you could see? Describe it for me. When you were in this state, what were your perceptions of time? Of space? Of weight? Is there anything you could do while in this state that you could not do in your ordinary physical body? Were you aware of any tastes or odors? How, if at all, were your vision and hearing affected while in this state? Did you experience a sense of loneliness while in this state? How so?

7. During your episode, did you ever encounter other individuals, living or dead? {If affirmative:} Who were they? What happened when you met them? Did they

communicate to you? What? How? Why do you think they communicated what they did to you? How did you feel in their presence?

8. Did you at any time experience a light, glow, or illumination? Can you describe this to me? {If affirmative:} Did this "light" communicate anything to you? What? What did you make of this light? How did you feel? {Or how did it make you feel?} Did you encounter any religious figures such as angels, guardian spirits, Christ, and so forth? Did you encounter any frightening spirits such as demons, witches, or the devil?

9. When you were going through this experience, did your life---or scenes from your life---ever appear to you as mental images or memories? {If so:} Can you describe this to me further? What was this experience like? How did it make you feel? Did you feel you learned anything from this experience? If so, what?

10. Did you at any time have a sense of approaching some kind of boundary or limit or threshold or point of no return? {If so:} Can you describe this to me? Did you have any particular feelings or thoughts that you can recall as you approached this boundary? Do you have any idea what this boundary represented or meant?

11. {If patient has previously stated he or she came closer to dying, ask:} When you felt close to dying, how did you feel? Did you want to come back to your body, to life? How did it feel when you did find yourself conscious again in your own body? Do you have any recollection of how you got back into your physical body? Do you have any idea why you didn't die at this time? Did you ever feel judged by some impersonal force?

12. This experience of yours has been recent, but I wonder if you feel it has changed you in any way. Do you think so or not? If it has changed you, in what way? {If necessary and appropriate, then ask:} Has this experience changed your attitude toward life? How? Has it altered your religious beliefs? If so, how? Compared to how you felt before this experience, are you more or less afraid of death, or the same? {If appropriate:} Are you afraid of death at all? {If patient has attempted suicide, ask:} How

has this experience affected your attitude toward suicide? How likely is it that you might try to commit suicide again? {Be tactful.}

13. {If this has not been fully covered in question 12, then ask, if patient has stated that he or she has come close to dying:} As one who has come close to dying, can you tell me, in your own way, what you now understand death to be? What does death now mean to you?

14. Is there anything else you'd like to add here concerning this experience or its effects on you?

Moody (1988, pp. 21-24).

APPENDIX B

THORNBURG'S NEAR DEATH PHENOMENA
KNOWLEDGE AND ATTITUDES QUESTIONNAIRE
FOR NURSES

Appendix B

Thornburg's Near-Death Phenomena *Knowledge* and *Attitudes* Questionnaires for Nurses

29 *knowledge* scale questions asked nurses include:

1. The NDE is a manifestation of a toxic psychosis induced in the oxygen-starved brain of a dying individual?
2. NDEs occur only near death.
3. External events described by the NDE survivor can often be corroborated by those people who participated in the resuscitation.
4. A point may be described by the NDE survivor where the person was told or had the choice to return to his body.
5. Suicide attempters have lower incidences of NDEs than those who have NDEs triggered by illness or accident.
6. Alcohol intoxication while close to death has no effect on occurrences of NDEs.
7. Most patients remember nothing from during the time they were unconscious.
8. People who have NDEs describe their experience in practically the same terms.
9. Negative attitude and personality changes have been reported as a result of NDEs.
10. Most people who have NDEs are eager to tell others about it because of the beauty and peace encountered during the experience.
11. Suicide-induced NDEs are unpleasant.
12. NDEs are caused by therapeutic drugs administered to a person at the time he is near death.
13. NDEs are a way of defending against the anxiety of dying.
14. People are accurately able to describe their resuscitation, even though they are thought to be dead.

15. Cross-cultural comparisons of NDEs show significant differences in the reports of NDEs made by individuals with differing cultural backgrounds.
16. Over 80% of NDE survivors report a greater appreciation for life and of attempting to live more fully following a NDE.
17. There are no significant differences between NDEs related by those who are not given drugs and NDEs related by those who are given drugs.
18. The more religious an individual the more likely he would be to have a NDE.
19. Individual interpretation of the content of NDEs is influenced by previous religious background.
20. NDE survivors attend church more often following an NDE.
21. People who have NDEs have difficulty putting their experiences into words.
22. The NDE has been described as being peaceful, quiet, and without sensation of pain.
23. Approximately 50% of those who have been close to death due to illness or accident have NDEs.
24. Alcohol intoxication while close to death diminishes the likelihood of a NDE.
25. People who take LSD have similar experiences to those who have NDEs when close to death.
26. The impact of NDEs has been to increase the suicide rate because the NDE is so pleasant and peaceful.
27. The NDE has a powerful effect on a patient's subsequent belief in an afterlife.
28. Movement through a dark tunnel with a bright light at the end is the element most often described by those who have NDEs.
29. A complete panoramic review of one's life in a short amount of time is undergone by the individual during the NDE.

Thornburg's 29-point *attitude* questions for nurses

1. Patients who have near-death experiences need to share their experiences.
2. Patients who are on drugs or intoxicated are more likely to have NDEs than those who are not.
3. Students should be encouraged to carry out research dealing with near death phenomena.
4. If a patient tells me an extraordinary death experience, I should not document patient's report of the experience in the chart.
5. Patients who arrest are able to remember what happens to them during CPR.
6. Patients who have had NDEs should be invited to participate in an inservice conference to relate their experiences.
7. A course dealing with near death phenomena should be available to nursing students.
8. Some patients are reluctant to report their NDEs.
9. Nurses should document the patient's report of a NDE in the chart.
10. Most people who have NDEs have underlying psychological problems.
11. There is really very little that can be done to help a patient who has a NDE.
12. Stories I have heard about near death phenomena frighten me.
13. People's lives are changed very little, if at all, as a result of their NDEs.
14. Patients who report NDEs actually have these experiences.
15. Students should not be allowed to work with patients who report NDEs.
16. There is too much emphasis on NDEs in the nursing literature.
17. Students would very likely benefit from taking a course dealing with near death phenomena.
18. Nurses should be the first people to hear patients' NDE reports.
19. Continuing education programs should be developed to help nurses work with patients who have had NDEs.

20. Most people who have NDEs read something about NDEs before actually having the experience.
21. An inservice conference on near death phenomena is a waste of valuable time.
22. Courses dealing with near death phenomena should not be included in nursing school curricula.
23. The more religious a patient is, the more likely he will be to have a NDE.
24. Most of what patients remember of their NDEs is wishful thinking.
25. Patients who report NDEs should automatically be referred to a psychiatrist.
26. Patients need to be reassured that their NDEs are normal, and do not indicate psychological imbalance.
27. Nurses should inform the patient's physician if a NDE occurs.
28. Nurses should ask patients who survive a cardiopulmonary arrest if they remember anything during the time they were clinically "dead."
29. Long-range psychological and emotional support should be offered for those who have NDEs.

(Thornburg, 1988, 223-238).

APPENDIX C

SERENITY INTERVENTIONS

Appendix C.

Rank Order of Serenity Intervention

Effectiveness for 15 Interventions by Nurses (N=59)

Interventions

1. Assist with pain control
2. Use therapeutic touch
3. Assist to build trust
4. Nurture sense of trust
5. Encourage to express affection
6. Encourage to forgive self
7. Help escape routine
8. Help appreciate humor in life
9. Assist in setting daily goals
10. Facilitate prayer
11. Help to live in present
12. Support formal religious events
13. Provide inspirational literature/tapes
14. Encourage to maintain hope
15. Perform massage

(Messenger&Roberts,1994, p.17).

APPENDIX D

SOMMER'S NURSING PLAN OF CARE
FOR THE TRAUMA VICTIM
FOLLOWING A NEAR DEATH EXPERIENCE

Appendix D

Sommer's Nursing plan of care for the trauma victim following a Near Death Experience

Nursing diagnosis:

Alterations in sensory perception related to altered sensory reception of transmission secondary to NDE.

Expected outcome:

The patient verbalizes orientation to person, place, and time; is not left alone for the first four hours after resuscitation; verbalizes that the experience during resuscitation was not negative.

Nursing interventions:

1. Avoid threatening language and subliminal suggestions during the resuscitation. Remember a person sometimes recalls what was said during resuscitation despite appearing to be clinically dead.
2. Station a resuscitation team member at the patient's bedside to provide an ongoing explanation about procedures.
3. Hold the patient's hand. Some NDE survivors have explained that by holding hands, they felt "grounded" and more secure during the NDE (personal communication, E. Winner, 1986).
4. Do not touch the person's head, face, or neck if possible. Although NDE survivors have cautioned against it, they are not certain why a nurse should not touch the head. One explained that he thinks he left and returned from his body through his head. Therefore, touching the head might impede such movement (personal communication, T. Sawyer, 1986).
5. Remain with a patient who is regaining alertness, following trauma resuscitation; do not abandon the person to hardware (monitors, infusion pumps, noninvasive blood pressure devices) for at least four hours if possible or until oriented to person, place, and time.

6. Be alert to signs of a NDE. The patient may mention a dream or a "weird experience." Provide the patient with an opening to discuss the experience in a nonthreatening manner such as "Do you remember anything about the time you got sick yesterday?" or "People who have a crisis like yours sometimes have different experiences. Is there anything you would like to talk about?"

7. Discuss the blackout period openly and honestly, in simple terms. Encourage patients to express emotions and discuss the NDE at their own pace.

8. Explore your own feelings about NDEs, and avoid being judgmental. Become knowledgeable about the subject, or refer the person to a member of the healthcare team (e.g., critical care nurse, chaplain, clinical nurse specialist, social worker, physician, or psychologist) with experience in dealing with NDE survivors.

Nursing diagnosis:

Knowledge deficit related to lack of exposure: NDE

Expected outcome:

Patient verbalizes knowledge of NDE, including numbers of people with similar experiences and possible explanations. Patient has information about International Association of Near Death Studies, (IANDS).

Nursing Interventions:

1. Reassure the patient that many others have had similar experiences. Explain the common types of NDE to the patient if appropriate.

2. If the patient desires, contact the local chapter of IANDS to request a visit by another NDE survivor to discuss common experiences.

3. If no local chapter exists or more information is needed, contact the national organization of IANDS: IANDS, PO Box 7767, Philadelphia, PA 19101-7767.

4. Provide a list of books or articles on NDE to the nurses on your unit as well as any individual who may have had a NDE, such as *Life at Death: A Scientific*

Investigation of the Near Death Experience (1980) or *Heading Toward Omega: In Search of the Meaning of the Near Death Experience* (1985), both by Kenneth Ring, or Raymond Moody's *Life After Life* (1975)

Nursing diagnosis:

Ineffective family coping related to dramatic attitude change in the NDE survivor resulting from the NDE.

Expected outcome:

Family verbalizes an understanding of the NDE. Referral is made by nursing staff to appropriate professionals if necessary.

Nursing interventions:

1. If the NDE survivor had not told the family about the NDE, discuss how the family might be approached. Note that many individuals who have had a NDE tell their nurse about it before anyone else.
2. Avoid labeling the NDE as some sort of psychopathology such as a hallucination or a psychotic break with reality. Reassure the family that many people have had a NDE, and provide them with appropriate information to illustrate that it is not an aberrant, unhealthy phenomenon.
3. Recognize during your dealings with the family that a pronounced attitude change has been identified in NDE survivors including:
 - reduced fear of death
 - sense of invulnerability
 - a feeling of special importance
 - a belief in having received the special favor of God
 - the reevaluation of priorities

4. Reassure both the individual and family that similar attitude changes are neither abnormal nor unusual.

5. Refer families with inadequate coping mechanisms to the appropriate healthcare personnel.

6. Provide the family or NDE survivor with a contact number for the nursing unit or chaplaincy prior to discharge. Do not send recent NDE survivors home without providing a mechanism for ongoing contact if needed. (Sommers, 1994, pp. 63-64).

APPENDIX E
PROCESS RECORDINGS

March 31, 1999

Dear Mrs. Foreman,

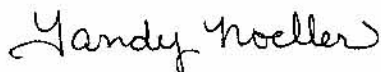
I am a graduate student working on a project for a Master's Degree in Nursing. I'm working under the direction of Dr. Sharon Bowling from the Nursing Department at Pittsburg State University.

My project involves persons who have had a Near Death Experience. The purpose of the project is to investigate whether (1) persons having a NDE received any counseling or direction from health care workers after having the NDE; and (2) whether the experience increased their spirituality. As one of the project participants, would you be willing to participate in a audio taped interview with questions about your experience? The interviews will be audio tape recorded, and the recording will be destroyed after the project is completed. Research participants are not identified by name. Results of the study are presented by participant number.

Your participation in this project will assist nurses in the implementation of appropriate interventions, in their clinical practice. This will benefit the people who have had a Near Death Experience. Health care providers weren't familiar with NDE's or how to intervene to help the NDE'er in the past. Your participation in this study will be greatly appreciated, however, if you choose not to participate, I will understand and respect your decision. I want to inform you that you have the right to refuse to participate. Should you give consent to participate and thereafter change your mind, you also have the right to withdraw from participation at any time. The project involves having your consent, as one of the participants.

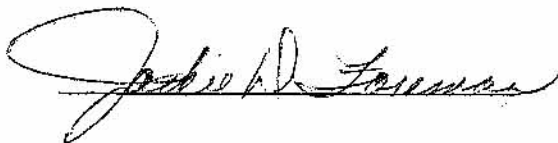
Inquiries concerning this study will be answered prior to obtaining permission to participate. Do you have any questions at this time? Upon consent and on completion of the interview, you will once again have an opportunity to ask questions. At that time I will offer you written material regarding the project.

Sincerely,



Tandy Noeller RN, BSN
Graduate Nursing Student
Pittsburg State University

Your signature will serve as consent to participate in this study and record this interview:



March 31, 1999

Dear Ms. Klinge,

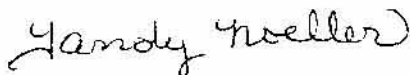
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Inquiries concerning this study will be answered prior to obtaining permission to participate. Do you have any questions at this time? Upon consent and on completion of the interview, you will once again have an opportunity to ask questions. At that time I will offer you written material regarding the project.

Sincerely,



Tandy Noeller RN, BSN
Graduate Nursing Student
Pittsburg State University

Your signature will serve as consent to participate in this study and record this interview:



March 31, 1999

Dear Mrs. Jones,

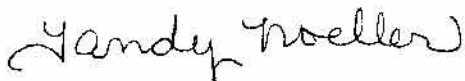
I am a graduate student working on a project for a Master's Degree in Nursing. I'm working under the direction of Dr. Sharon Bowling from the Nursing Department at Pittsburg State University.

My project involves persons who have had a Near Death Experience. The purpose of the project is to investigate whether (1) persons having a NDE received any counseling or direction from health care workers after having the NDE; and (2) whether the experience increased their spirituality. As one of the project participants, would you be willing to participate in a audio taped interview with questions about your experience? The interviews will be audio tape recorded, and the recording will be destroyed after the project is completed. Research participants are not identified by name. Results of the study are presented by participant number.

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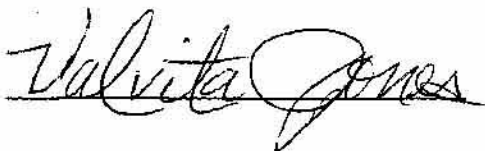
Inquiries concerning this study will be answered prior to obtaining permission to participate. Do you have any questions at this time? Upon consent and on completion of the interview, you will once again have an opportunity to ask questions. At that time I will offer you written material regarding the project.

Sincerely,



Tandy Noeller RN, BSN
Graduate Nursing Student
Pittsburg State University

Your signature will serve as consent to participate in this study and record this interview:



March 31, 1999

Dear Mr. Sturgeon,

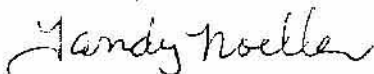
I am a graduate student working on a project for a Master's Degree in Nursing. I'm working under the direction of Dr. Sharon Bowling from the Nursing Department at Pittsburg State University.

My project involves persons who have had a Near Death Experience. The purpose of the project is to investigate whether (1) persons having a NDE received any counseling or direction from health care workers after having the NDE; and (2) whether the experience increased their spirituality. As one of the project participants, would you be willing to participate in a audio taped interview with questions about your experience? The interviews will be audio tape recorded, and the recording will be destroyed after the project is completed. Research participants are not identified by name. Results of the study are presented by participant number.

Your participation in this project will assist nurses in the implementation of appropriate interventions, in their clinical practice. This will benefit the people who have had a Near Death Experience. Health care providers weren't familiar with NDE's or how to intervene to help the NDE'er in the past. Your participation in this study will be greatly appreciated, however, if you choose not to participate, I will understand and respect your decision. I want to inform you that you have the right to refuse to participate. Should you give consent to participate and thereafter change your mind, you also have the right to withdraw from participation at any time. The project involves having your consent, as one of the participants.

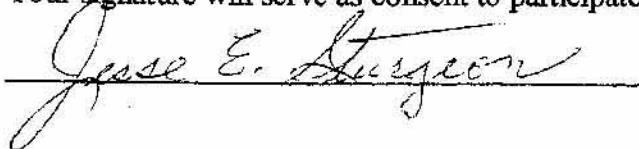
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Sincerely,



Tandy Noeller RN, BSN
Graduate Nursing Student
Pittsburg State University

Your signature will serve as consent to participate in this study and record this interview:



NDE #1

Introduction

[In all the interviews to follow the person(s) doing the interview will be in bold type, the responses of the persons being interviewed will be regular type].

This interview was of the Priest spoken of previously. To follow was a videotaped interview he did on EWTN, the Catholic channel in an interview with Mother Angelica. He is aware of the project this researcher is doing, and has done much since his Near Death Experience to try to let people know that there is a Heaven and Hell and we will all be judged. He was given the judgment of Hell by Jesus because he was a Priest for himself and not for God. When he "came back", he has done so much, as this researcher can attest, to change people's lives for the better. This researcher is very proud to have known this man of God.

Mother A: You were ordained when?

"In 1973.

In the next 11 years, how would you express to us your life, what was it like?

I have no way of comparing my life as a Priest at that time. It was a day-to-day existence. Something that I think I didn't handle very well. I was more concerned with what my peers thought. My Priesthood was not in the service to God's people, but rather how the people thought Father Steve Scheier was doing. Especially my brother Priests. That was my 11 years after I was ordained, primarily.

How would you do that? How would you come up to their peer pressure?

The peer pressure Mother, is pretty much the same. We do not go to other Priests for spiritual direction. We do not go to other Priests for spiritual matters period. One goes to the Rectory to see Father, so and so. Father fixes you a drink, and you talk about sports or anything that has nothing to do with what the Priesthood is all about. Consequently, one can never go to another Priest with a problem, a spiritual problem. It was just not done.

Well, now as you went along did you feel you were doing anything wrong? Were you satisfied?

Deep down Mother, I know that I was not doing what I should be. I was not the Priest that I should be. I hid this to the point to where people thought that I was a good Priest, and this was in a way a sugar coating for everything that I was doing, which was wrong and lacking.

What happened?

On October 18, 1985, I was stationed in a small little parish in southeast Kansas, called Sacred Heart parish in Fredonia. It is about 86 miles east of Wichita on highway 96, which is the one accessible highway to Fredonia from Wichita. It is a highway that does not have any shoulders and is heavily traveled by semi's, pick-ups, and vans. I went to Wichita one morning, the first time I had ever gone to Wichita to see a Priest about something that had happened in the parish. I had returned that afternoon and was going east on this highway, when I was involved in a head-on collision with a pick-up truck containing three other people from Hutchinson, Kansas. Thank God no one was killed. I was thrown from my vehicle and suffered major lacerations on my head, in fact my entire scalp was taken off my right side. The doctors told me later, due to the concussion I had suffered from being thrown from the automobile, that the right side of my brain was practically sheared off, and many cells were crushed. I was pretty much unconscious at the scene. A Mennonite nurse from Frontenac, Kansas stopped behind me. She made mention in a letter later, that she had tried to help me say the Hail Mary, but she didn't know it. But I was saying the Hail Mary's over and over again.

You were.

Yes, trying to. She knew enough in her profession to realize that I had suffered a broken neck. Later I found out that it was a C-2, the second cervical vertebrae in my neck was broken. They call it affectionately "The Hangman's Break." This is what a person's neck suffers when they are hung. This vertebrae breaks and the person literally asphyxiates. Had my head been turned either way at the scene of the accident, I would have been asphyxiated too. Knowing this, the ambulance drivers treated me respectfully, took me to this small hospital in Eureka, Kansas where the doctor who was there told his sister who was also a nurse that there wasn't much he could do for me. He sewed my scalp back onto my head, called for the Wesley Lifewatch helicopter and flew me to Wichita. I did not know I was being transported there either. I was still unconscious apparently I was brought to the Trauma Center and then entered the hospital. Then one of my parishioners from Fredonia called that evening to see how I was doing, and was told by one of the nurses that the doctors were giving me a 15% chance to live. I automatically thought of my mom, because I hoped to God she didn't know. Mom was a worrier. That night, I found out later after the accident, the Assembly of God Minister in Fredonia spent the entire night in prayer for me. The Christian Church opened it's doors to the church for the night, so did my Catholic Church, and the Baptist Church did so that people could come in to pray for me. After church my parish prayed the Rosary. Methodists prayed also I was later told, and I was on the Mennonite prayer line. In my own thinking, and I may be theologically off, but I would imagine that this is where ecumenism really takes hold, in prayer. God hears everyone's prayers and that's why I'm here before you this evening.

I recovered from my hospital experience in record time they said. I was released on December 2nd. I had what they affectionately called "the halo", it was screwed to my head in the front and the back. My head and neck were immovable. I didn't have to have surgery. None.

I went home and recuperated there until they took the "halo" off and removed me from my jacket, which was in April. The Bishop kept my parish open for me so I returned in May. I had to go out and buy another car which was very difficult. I had to travel that same highway back to my parish, which was very difficult.

One day, I was saying Mass on a regular week day, or so I thought, when the Gospel according to Luke came up. The Gospel that you've heard many times, I've heard many times. About the tenant farmer who went out to inspect his trees and his vineyard. He told the vinedresser, he said for three years now I've come out here to inspect this tree and found in it no fruit. Why don't you cut it down and throw it into the fire. Why should it clutter up the ground? And the vinedresser told him, he said Sir, why don't I manure it and hoe around it and then see if it bears fruit, and if not, then I will cut it down. When I was reading this in the Church from the lectionary, I'm German things don't happen like this, the page became illuminated, enlarged and that page came right off the lectionary toward me and I finished Mass as best I could. I went back to my Rectory, sat in the lounge chair, with a number of cups of coffee and there remembered a conversation that had taken place shortly after the accident. Very shortly, I was before the judgment seat of Jesus Christ. I have no way of telling how long it lasted, what all we went through. Him going through my life entirely accusing me of various things. All to which I said yes, there was no rebuttal, now I hadn't planned as I think many of us do, that when I got to this judgment seat I could give a lot of excuses. An example like: but Lord, he/she pushed me that day, or oh Lord I had a bad day. I didn't feel too good and that was the reason why I didn't do this or that. I could have had a number of excuses, but that was not the case, I was talking to Truth and when you're talking to truth, that is all that is said. I said yes, Lord. At the end He said my sentence is Hell. Again, I said yes Lord, I know. That's the only thing He could have said. I knew this is what I deserved. I didn't see Him, I then heard a female voice. Son, will you please spare his life and his eternal soul? He said, Mother, he's been a Priest for twelve years for himself, not for Me. Let him reap the punishment he deserves. She continued by saying, but Son if we give him special graces and strengths we could then see if he bears fruit. If not, thy will be done. There was a very short pause. Then He said, Mother he's yours. Ever since then I have been hers. Routinely, supernaturally, anyway you want to put it as I was telling Mother Angelica this afternoon, there are things that she's told me and done for me that she should not have done and not have told me. But this is the kind of Mother we have. You may be saying, but Father, you must have had a very special devotion to her before the accident. No, I have to give another indictment of myself. This is hard. One believes in our Lord Jesus Christ, the Angels, Saints, and the Blessed Mother two ways I think. With the head, intellectual assent, and with the heart (he points to his heart) and said this is what's important. I believed what's up here, I didn't know anything about this (and he pointed to his heart again). The Angels, Saints, our Lord, Priests, I believed in them, but they were make believe friends, they were not real. When I regained consciousness and the ability to think, that's one of the things I was very aware of, that they are the only ones that really do exist. We're the ones that live in the shadow world. We have only one home and it's not here. A lot of our priorities are mixed up, my own priorities were mixed up. That my priorities should have been, and have been to share my story, save my soul and help others save their souls, which is what a Priest should do anyway. I need to invest in that future, not to invest in the future that I had been investing in that's happiness here on

earth as a retired Priest. But you say Father, if you had died would your parishioners have thought you'd have gone to Hell? No, but let me tell you all something. As I told Mother this afternoon, one of the things I was amazed at was that He didn't take a popularity poll. He knows our hearts. He is the only one that matters as far as myself is concerned. No matter what anybody thinks of Father Scheier, He is the only one that counts. No one else because I am alone before Him. In judgment I am not going to get to point to anyone else and say but, Lord, he made me do it or why don't you get his opinion of me and then make up your mind. He knows, He knows we have a Mother. I didn't have any special devotion to her, but since then she has become everything. At the foot of the cross, Jesus looked down upon her and the Apostle we love and said woman behold your son-meaning Mother I will give you the whole church now as your sons and daughters, they are yours. She takes that very literally, very seriously. So any one of us in the same stead would suffer the same consequences and experience the Divine Mercy of our Lord Jesus Christ. That's what I experienced, His mercy because His mother came and interceded for me.

One thing I've learned since then, is this beautiful truth, with regard to the Trinity, the Father, the Son, and the Holy Spirit: none of them, not one can say no to her. They cannot. It is impossible. They will not say no to her. Isn't that somebody we want on our side? Thank you."

[This researcher did get to see one of the miracles that this Priest has performed. He went to Betania, Venezuela to visit a well-known Catholic lady that has been getting messages from the Virgin Mary. People are healed there, she has the Stigmata, and many other blessings and graces from God. She has a statue that weeps a clear oil, and Father Scheier put some on a cotton ball and brought it back to this Catholic Nun friend of his and ours. Her legs were swollen double to almost triple and medication could not heal her. He prayed over her and touched her with this oil. The very next day her legs were back to normal size. This was indeed a miracle!]

NDE #2

I was told you have had a Near Death Experience, is this true?

"Yes, it is. I was about 23 years old and I had just had some previous surgeries. I had what they call an exploratory laparotomy, appendectomy, and a D & C to try to get everything straightened out. I was having a lot of trouble with a lot of pain and not being able to sleep, so a doctor prescribed for me some Seconal which is a barbiturate for sleep. I had gone home and one night I couldn't sleep so I took two of the Seconal. They were 750 mg apiece. The instructions said take one or two at bedtime as needed and I took two. I evidently had some type of reaction, an allergic reaction or something, because I started blacking completely out and I couldn't breathe. My roommate called 911. I was living in Wichita and my roommate, JD, saw that I was in some type of distress, so she called for the ambulance. I felt like I couldn't breathe any more. I'm an asthmatic. When I can't breathe I really panic. One of the things I remember was the ambulance coming to our apartment. When they got there I heard JD telling them what was going on, but I was going completely black. I can remember the ambulance drivers, or whatever they were called at that time, saying, "We've got a pulse, but we're losing her, we're losing her!" I could feel everything just slowing down completely. It was like I was going into this black place and the next thing I truly remember is there was this brilliant light. It was like something I had never experienced before. With the light, it was like a peacefulness that came over my body and I've never felt so good. It was warmth, it was love. It was just a feeling that I've never experienced in my life before with my whole body and my whole being. The closer I got to this light, the more warmth and love I felt. As I was nearing the light, I also had the impression that my family was all around me though I never saw them. Not family still on my earth, but those that had gone on before me. I just knew that there were generations upon generations of all my family members and it was a place where I really, really wanted to be. I was going in the tunnel and all of a sudden I heard this voice and it said J, it's not time for you yet, you have to go back. I wasn't talking, but I was communicating that I didn't want to go back. I wanted to be here. Because you just cannot imagine the feelings that were involved. You don't have those kind of feelings here on earth. And it's like, I did not want to go back and the voice said you have to go back, your work is not done. Go back. The next thing I knew I woke up in a hospital bed and it was the next day. It was serious enough they had contacted my mom and dad. When I woke up, my mom and dad were at the bedside and I never mentioned my NDE for years and years. Finally, one day when I was watching Oprah, this woman that had written a book about her NDE, it was the first time that I had heard of this. I felt like I had been the only one to ever experience this sort of thing and I didn't know if it was all in my head or what it was so I never mentioned it. I had no memory of floating above my body or anything like some experience, I think it was all mental. (She laughs). I really don't know what you call what happened to me, but you just can't imagine the warmth, the feeling. I really hope it's like that when we die, you know. It was beautiful, I mean it really was.

Did you recognize the voice?

It wasn't a voice I knew, but I felt like it was probably God speaking. That was the feeling that I got, that it was He. It was a male voice. It was just very gentle, full of love and full of gentleness. It is like so many times that I'm doing something and it's like I wonder what He considers my work to be. He just told me that my work was not done. I was divorced at the time and my son was probably three or four. I think that was probably my best work. My kids are because now I have three. Do you have any more questions of me?

Yes, did this change you spiritually in any way?

She looked upward then and with the most peaceful radiant look on her face and said, yes, it has." [Then she had to leave for an appointment].

NDE #3

Well let's start from the beginning and tell me what happened to you.

"My husband and I were in Florida on vacation and I got real down in my back. I've always had a lot of back problems, and we owned a trucking company. We got a phone call telling us we had two trucks wrecked. We jumped in the car and drove straight through home, and the next morning when I got up I couldn't put my shoes on. I couldn't reach my feet. So I went to a chiropractor. He told me I had pulled the ligaments loose in my lower back and he put this big wide belt on me. It ran under the breast to my hipbone. On a Thursday, he told me to wear it as tight as I could stand it. He told me to wear it 24 hours a day and come back on Monday, and he would look me over again.

How many years ago did this happen?

It was in 1974.

So how old were you?

I was 34. Anyway, it was on Thursday, I went to the doctor, and by Friday, I was having a lot of, what I thought was horrendous pain. I told my husband I think it's from this darn belt. The belt just really hurt me and I said, I think it has something to do with this belt. Well, by Saturday, I took the belt off. I couldn't stand it and I began to use everything you ever heard of for hemorrhoids. By Sunday night my youngest son came into the living room and found me crying. I was just in unbearable pain, and you hate to think of him hurting that bad, but that's where the pain was. So my husband took me into the emergency room. I had worked at that hospital for 2 years as an aide so I knew all the doctors, plus my kids had gone to them. So he said, Well we can give you a shot and put you to bed, or you can go home and sit in pan of warm water. So they put me in, and gave me a shot, which didn't do any good. The head nurse told me it was a placebo shot because he thought I was just hysterical with my hemorrhoids. Well in the middle of the night she called him and I was just frantic, I was hurting so bad. So they gave me a real shot, well that next morning they examined me again and couldn't see anything wrong. They told me there was a fissure up in there. It didn't get any better, each one of the five doctors took me in this examining room and each one of them examined me. When they examined me I would just scream like a stuck pig. I couldn't help it, I was in excruciating pain. Well they couldn't find anything wrong and my particular doctor told my husband behind my back that it was emotional that it was all in my head. They couldn't find any valid reason for this pain. So I guess they thought they would just let me lie there and hurt. Tuesday morning at 4:00, I called the nurse in and I told her to call my husband. I said I was dying. She said, OK C it is four in the morning, are sure you want to call him now? I said, G, I'm dying you have got to do something. My kidneys hadn't acted for almost 24 hours. She called the doctor too. They got there almost at the same time. My husband said, I want to get her out of here and get me somewhere where they can find out what's the problem with her. I hadn't eaten a thing since I'd been in the

hospital. So he had a friend that was a doctor in that wouldn't. So they flew me from Larned to Wichita and gave me some drugs so I could stand the trip. They flew me to Wichita. Well, that was on Tuesday and they flew me in on Wednesday afternoon. They gave me Na Pentathol, they started giving me MS shots to handle the pain. The doctor down there examined me and they couldn't find anything. The next day they gave me Na Pentathol to put me out and turned me upside down and examined me to see where the pain was coming from. When I woke up the pain was gone. But they wouldn't let me get up or anything because they were afraid that if I put pressure back on it the pain would return. Finally a neurologist came in and I'd been telling them all along, there was a bumpy place on my leg, the size of my hand, on this right leg. I told them the only thing I could blame it on was that belt. I told that neurologist when he came in. You know I've got this numb place here on my leg that's been this way ever since I wore that belt so tight. I kept telling the doctors there was a nerve being pinched but I couldn't get them to listen to me. He jumped right on that then the same day they had put me to slings and they took me right into do a myelogram x-ray. They put the dye in the spine and I had two ruptured disks. Those disks were shattered out and was putting pressure in the nerves back there. It shut off my kidneys and my bowels, so they took me into surgery. I told you all this so you can understand what medicines they had given me and because they didn't put IV's on me and I got all dehydrated. I never had an IV on until I went into surgery. I was at Wichita at Wesley. They went in and didn't face it they just took out whatever was gone and soft and repaired it. Well back in my room then I think it was like that night I'd just been through emergency surgery and I'd been in so much pain. No sleep and I didn't know what time it was. You know they were still checking my blood pressure real frequently plus surgery and just suddenly I was in my room and I just found myself floating looking down at my body. The nurse was taking my blood pressure and it had dropped; she couldn't get any blood pressure. She thought my heart was still beating but she couldn't get any blood pressure at all. She pushed the call bell and my brother and my husband came in. They watched the nurses coming in. She went out, and got on the telephone and called the doctor. Suddenly I'm like looking down at his bedroom with the doctor in bed answering the phone. I could have described everything, but can't today, at that point I could have told you everything that was in his room. I heard him tell them what to give me, what to do and then I'm back watching then working on my body down in the room. They're just giving me the shots that he'd ordered, and they got my husband and somebody out of the room. While they were working on me I just kind of went through the tunnel and all of a sudden it was a sense of ... I can't call a movement because it's not like you're flying through the air... a transference. For lack of a better word. It's just like a tunnel. It's a fifth dimension. And to call it a tunnel is just a way of explanation. Suddenly there was my grandmother; she had died two years before. She had her arms out to me and looked like she did when I was a kid. She said, Come to grandma honey and let grandma take care of you and you won't hurt anymore. I was drawn to her and yet I couldn't make myself go to her. She tried coaxing me, she said, it's Lacy, I'll help you. She was trying to help me across. I didn't remember any talking to her and it isn't like you and I sitting here talking, it's more like there is a commercial. You could read her mind. Yeah, I didn't hear words, but this is what she indicated to me. I went on past her and I was just kind of pulled on drawn on and there I could see the light. The light was people always ask me what the

world were well for back of a better word it was indescribable as for I'm concerned the light is spirit and the spirit of God. It's indescribable, I was just pulled to this and there was a voice, it was like a voice I didn't see and being, it wasn't like I seen Jesus or anything. It was like.... I was given a choice if I wanted to stay and I said, oh the kids need me. I had a daughter that was nine years old. Of course all the time I had been in the hospital, I had been wondering about my kids. I have a 17,15,13, and a 9-year-old. I just couldn't imagine leaving them. You know they needed me. When I said, oh the kids need me, I was back in my body looking up and they were working on me.

So, how long was this?

A couple of seconds, minutes! I don't know. They never told you at all. No, of course they didn't realize where I'd been.

They didn't know you were dead?

No, well the nurse thought I was dead, when my blood pressure went all the way down. At the point I left the room, one of the nurses said, We've lost her, she's gone. So I don't know. I don't know how long they worked on me, or how long I was gone. I don't know what all they did to me. You know, when you're gone, you're gone! I just don't have any idea how long it was. I didn't say anything to anybody about it.

No one at the hospital, you didn't mention it?

No, not to any of the nurses. None of the doctors, and it was about six p.m. when I got home. I got a Readers Digest in the mail and there was an article on near death experiences and I read that. I told my husband, I said, that happened to me when I was down to Wichita. He said, oh bologna, you read about something and automatically it happened to you. So, I told him exactly what mom and him said. What the nurses said, and at what point they were told to leave the room. He said, there isn't anyway that you could have known that. I said were exactly! It happens to many people. It wasn't until about four years ago that I told anybody else.

What made you not mention it to anybody else?

I don't know. I don't know why I didn't. I was very, very sick. You know, I had been given so much medication and I couldn't even move when they put me back to bed. It took two of them to turn me, and they put me in the sling to turn me. At the time it just didn't seem important. I don't know why it didn't, probably that they wouldn't believe me, and they were giving me a lot of valium shots. I had such horrible cramps in my legs. They wouldn't give me anymore because I did have hallucinations. I'd see these dead ungodly things. The reactions like they have you know would they see. It got to the point that, every time, if what my legs I'd see that. I refused to take anymore. My poor mother would rub my legs and feet for hours because I couldn't get to them. It was a lot different back then than it is now. They said if it would have been a few years before I would have been in a body cast. So the procedure, they did on me was relatively new. I

was still in the hospital once a week. When I went home I could barely walk. You're lucky to be walking around. Yeah, all their concern too was what kind of sensibility would I have, would my kidneys fail, and other things.

Have you been happy with your decisions? To come back?

No, I think I've done some bad (laughs). And you know my only regret was, at the time that this happened to me, I was married at 14. I married before I was 15 years and my first baby was born when I was 17. I was the perfect wife and mother. I was going to be a virgin bride. I'm not so proud of this today, I'd been better off to have not gotten married so young. Anyway I had nothing that I felt like God wouldn't approve of. I was never real religious as a kid and my parents never went to church. My great grandmother went, and she took my sister and I went to Sunday school all the time. When I was 11 or 12, I decided one sure thing, I wanted to be baptized. I was baptized on that day, but to say I was really religious, you know. I didn't have a religion, never went to church. Well I did too at that point because I took the kids to church all the time. It was just because you're supposed to. I wasn't a fanatic about religion. Yet I hadn't done anything or said anything I just felt like. I'd just lived this perfect pure little life that I didn't have any regrets, and I look back now and I think, well if I'd have gone then maybe I could have stayed up there at the light. I don't know what will happen to me now. However, I feel like everybody goes to the light. I don't care who it is, I think when you die you go back.

What happens to you from there?

I don't know! I think we come from there that is spirit and we are spirits, and we go back.

That was going to be one of my questions about how spiritually that incident has changed your life if any at all.

Well in 1974, I'd been married 20 years and I think, well I caught my husband with my best friend on our 20th anniversary. We were separated for about two weeks and then we went back together. We worked on it for another 5 years. I worked on it and he liked it the way it was and since I was such a good little wife, well I was....(laughs).. you know I was still this perfect little wife and I catered to his every need. The kids every whine and so I think it gave me the courage to know that I'd been given another chance at life. I'd take some control and do something for me, and we'd been married 25 years and we were living in Alaska and I left and came back home. I've had the security of knowing I don't have any fear of death, I don't when my dad died. I didn't cry for him, I cried for me. I want my grandmother to be able to get out of this world. I hope this minute she's waiting out there, you know for her sake because she wants out of this world so bad and I know where she's going so I want her to ...I really want that for her. I forget what your question was.

Has the experience changed your spirituality, if any at all?

Well like I said, it's a certainty and a knowing that gives you more faith. When I left Alaska I'd done a lot of talking to God in the car. I (laughs) drove an old 1966 Volkswagen down the Alaskan highway by myself before it was passed, 1300 miles of gravel roads. One for Instance of faith, I got almost 300 miles from Anchorage which is where we were living and realized- I happened to remember I didn't have any insurance, to come through Canada on my car. You've got to have vehicle insurance in Canada, and I should have gone to our agent in Anchorage and got my Canadian insurance before I came down through. They will stop you at the border and ask you, and they wanted to see it. Well here I come up with this little Volkswagen, jammed full of everything I wanted to bring with me and come down this Alaskan highway. I happened to think of this like 100 miles from the border and didn't know whether to turn around and go back, or go on and I asked God for a sign. Up ahead, all of a sudden there was a double rainbow and I took that as my sign that everything was going to be alright. I thought well if it isn't, I'll just turn around and go back, you know. When I got there they didn't ask to see any insurance, they asked where I was going back to Kansas. They shot me right through there and I come through Canada with no problems. So, I think probably, I just have more faith and belief. Really knowing rather than--- you know I'd always really kind of wandered if ---you know you're taught all this, but how do you really know for sure. Blind faith with no proof, and I feel like I've been shown that---I don't have to doubt or wonder anymore. No big revelations, I didn't go out and preach and heal people. Betty Eden went on in her book to say she was given this knowing of everyone that she had harmed or hurt their feelings---what they felt from what she had done. I learned what she should have done or shouldn't have done. Once I said the kids need me I was back. Like I said I've lived such a sheltered life, and I devoted to doing everything perfect, that I really didn't have any regrets. So, maybe at that point maybe I hadn't, and I've always been real conscientious of other people. I wouldn't hurt them for the world. I'd hurt me before I'd hurt them. Maybe that's why I wasn't given any vision. I don't mean to sound like I was miss perfect, I was wife and mother and did everything I thought I was supposed to.

Do you have grandchildren now?

16, 10 natural grandchildren, 3 adopted 2 great grandsons and 1 on the way. I'm 59 now. (Talked about all her family now and showed all their pictures and discussed who belongs to whom).

Well do you have anything else?

No I think it's a pretty disappointing story.

We also needed to ask you if any health care person helped you get through this experience, but you said you didn't tell anyone for a long time.

No I didn't tell anyone. To me I always thought when you die death is death, the body dies and decays and that's it. I don't feel that way anymore. The body dies, but the spirit sure didn't. I don't know if it had anything to do with my experience of whether I would still feel the same way spiritually as I do now. I am a lot more spiritual person now than I was 20 years ago when it happened. Double mastectomy in 1981. Taken out in 1983 and redone they were so hard, just like feeling you knew they were so hard. I became really depressed there was no one to talk to. I was angry, I was mad at the world. Here I'd given my money and time to the church and when I needed somebody there was no one there for me. Everyone was gone when I needed them. I was by myself. Pity me, after I had all my little fits and cried for hours. I don't cry, I wail. All of a sudden it just come to me you know we come into this world we go out alone, most of what we suffer. Every thing we suffer in between we do it alone whether there is someone else there or not. It has to be how you---I had to do it alone and I had to let God catty me through it. I had to get my heart and my mind in the right attitude to know it was gong to be okay. After surgery, my sister helped me then. My depression didn't last, my anger was gone, my frustration was gone. I thought what I am and who I am is my heart and my soul. There is nothing to do with this body. This body is going to house me while I'm here and I want to take as good of care of it as I can, but this body isn't me. So why be so upset about it. I talked to women going through this afterwards and there is some of them that are still angry, some furious. Some are so angry that they can't get any peace, and I started a support group. We meet out at Mt. Carmel every month. If you know any gals that are interested, you're always welcome. I started that because it helped me to help somebody else. If it helped me get passed it and I've tried to help them get passed all that anger. I just wanted to add that I believe we're all one, all one spirit. Even a rock has energy and a vibration level. I think that's all from God, your sprit and I think we're all the same and I think we are the same and I think we are all put here for love. We have to love each other and love the earth and take care of it. I don't think I'm religious, I think I'm spiritual. It gives me great pleasure to be able to hands on heal. The best success I've had has been on my dog.

Have you heard anything about touch therapy?

Yes! My dog had surgery on her leg, a steel pin in there with artificial ligaments. One night she was hurting so bad she was outside and couldn't come up to the steps it hurt her so bad. So I put her in the chair with me and gave her a Ricki treatment. She likes it. She could feel the energy- you know your hands get real hot. You can feel the heat. You don't touch, you can but you don't have to. I was taught all the hand positions in the first degree. There are not many people that you want to talk to about this, that are real accepting of it. More and more are learning about it. The dog was healed that night through the power and energy. The caring and love and everybody needs it, it's so important. If you really want a person to feel better, it's going to work. Did you see in the last couple of days they have been talking about the power of prayer? I went to a meditation, healing class in Fayetteville, Arkansas a few years ago, and it's a

visualization healing. Boy, that stuff's powerful, I was shocked. You don't ever have to know anybody is praying for you or working on you. There were a couple of friends of mine that we visualized their problems. This one guy had an inoperable brain tumor in the brainstem and well he's my ex-husband. I asked for visualization healing on him and I seen his daughters about a week after that downtown and asked her how he was. She said he went to Kansas City to have an MRI and he stopped having surgeries and it was smaller. He never had any idea- in fact he would just die if he knew I mentioned his name at a place like that. It's a transfer of energy that just comes through you. They said on the news last night that they were finding that out, that the patients that were prayed for heal faster than those that aren't. You know we don't have any idea of what we can do. Just do it, we've all got it, we just don't think we have. I had the courage to try it."

NDE #4

Introduction

Several years ago, this researcher did an interview with a lady who spoke of a NDE she had experienced in 1974. She said that day we could use her name, she said because she was brought back to help Jesus do His work. He didn't tell her for sure what that was but she knew it was love. One more note, on the day I interviewed her, she and her husband had brought quite a few children with them out to the hospital where I worked so they could see the babies. These children were several different nationalities, and were all theirs the nurses told me later. This experience definitely did change this woman's life spiritually. To summarize my interview with her, this interview will be in her words:

"In 1974, I had a cesarean section at KUMC and three months later I had a serious infection in my reproductive organs. Before I left home for the hospital, I began thinking I was going to die, but I wasn't afraid. A strange feeling came over me and I looked at my relatives as though I were seeing them for the last time. At first the doctors tried antibiotics, but then I had to have a hysterectomy. It went fine, then three days later I started feeling strange. Next I had double pneumonia, a blood clot, internal bleeding, and kidney failure. I started drifting in and out of consciousness. The nurse checked my blood pressure and she said "Zero, Zilch." I realized they were fighting for my life. Through all this physical trauma, I was talking to God and saying, Why me? Why now? I don't want to die. You see, we were about to adopt a son who had just been born. He and I were lying in the very same hospital. My inner fight to live was taking every ounce of energy. I was trying to hold on to life for the people I loved. They were my daughter and my husband, W. J. Pictures reeled through my mind of him coming to the hospital and finding me gone. I was praying a lot, asking for God's help. Finally I realized what I was doing; trying to maintain control of my life. But if I was God's child and if it was my time to go, I should surrender myself. I asked Him to forgive me for complaining, and I was at peace. I then became extremely conscious of my breathing. It became slower and slower; a longer time between each breath. Each breath became deeper and deeper. I had never breathed so deeply in all my life. I started counting one, two, and the third breath was the deepest, as if it came from my feet up. Feeling so peaceful and free, I started moving upward. I realized my body was below me, and I vaguely remember observing efforts by the medical team to revive it. My main interest was that I was above the room. I was not even in the room, but in the first sky. I say first sky in the heavens, because it seemed as though there were three heavens that I passed through. At the first heaven, I met a Being. Or I should say He met me. I recognized Him as Jesus Christ, and he led me through the three heavens. When I think about Jesus' physical presence, it almost fades away, because the predominant feature is that He is love through and through. As I recall, he had dark brown wavy hair and an olive complexion. I looked into His eyes. They were piercing, but loving and as clear as blue water. You could almost see yourself mirrored in His eyes. When He looked at you, he looked straight through you and into you. You realized immediately that He knew all there was to know about you. There now seemed to be a heavenly illumination that caused his hair to be light red and His eyes bluish, almost transparent, and his skin a light golden color. There is no way to fully

describe his coloring. It is like another world's color. It's the Shekinah glory, iridescent golden light glowing through him. In his resurrection body, his coloring is uniquely different from anything on earth. I'll tell you what happened in the three heavens. The first heaven was light blue in color but brilliant and so unlike anything I've seen that I can't fully describe it. It opened up, split down the middle as though along a seam, and both sides rolled back like paper scrolls. This happened as fast as a snap of my fingers. We went through two more skylike heavens, which also rolled back one after the other. In a matter of seconds, I found myself before the Most High. The Most High is the term I use because I recognized the presence of God the Father. In looking at Him, I couldn't really see Him, but there was an awesome glory, an awesome presence. You could feel it everywhere, and I realized that He was on the throne. When I tried to see what the throne was like, I discovered it was invisible. I knew it was there; I just could not see it. It was so big that it extended all the way to earth; earth is part of that throne. This was an incredible awareness. Stunned by it all, I felt as small as a little ant, so insignificant. Trembling, I found myself prostrate. While I was lying there on my face, He spoke to me, because the Father sounded like many waters rushing. I lay there a very long time, with God speaking to my soul. The words he spoke to me can't be recalled, but they were about me and my life. As I lay there I relived every instance of my existence, every emotion and thought. I saw why I was the way I was; I reexperienced the way I had dealt with people and they with me. I saw where I could have done better. I felt emotions I was ashamed of, yet I realized there were things I had done well and felt good about. As we looked at different scenes, I would respond, Yes, I see how I could have done it another way, a better way. I wondered how anyone could feel worthy in God's presence. I wasn't condemned, but I didn't feel worthy. It's hard to explain. The whole time that was going on, for how long I don't know, I kept praising God. With the ending of my life review, I felt absolutely unworthy of being there in the presence of this magnificent Light, unworthy in comparison to the grand scheme of things. It was all so beautiful, and what am I? I said this to God. Then Jesus' hand touched me and I was able to get back on my feet because I had previously no strength. Taking me by the hand, He led me to the side of a main arena. He looked into my eyes, into my soul, and I knew He knew and understood everything I felt. When He looked into me, it was with more love than I ever thought possible for anyone to know. He smiled, His look letting me know everything would be all right. With this reassuring look He led me to one side. He stepped away from me and went along into the light. Where Christ's light ended and God the Father's began, I cannot say. They both gave off light and their light was the same light. I will never forget this as long as I live. When Christ had stepped away from me, He turned sideways and stretched out His arms as a bridge. One arm extended to me and one to the Father. His arms were extended as if they were making a cross and a bridge to cross over. It was like a visual representation of the Scripture. For there is one God and one mediator between God and men, the man Christ Jesus, who gave himself as a ransom for all (1Tim. 2:5-6). God is on one side, and all the people are on the other side. Jesus Himself is between human beings and His Father to bring them to Him. Christ made this possible by giving His life for all people. Everything I knew from Scripture was flashing into my mind. Then I heard the Father and Son communing about my case, Jesus said, "My blood is sufficient. She's mine." When He said that, all the doubts about my unworthiness disappeared. I jumped up and down, shouting and rejoicing. I have never

been so happy in all my life! The kind of love I felt is beyond explanation. I kept saying, oh, my God. Oh, my God. This is my Mediator. This is my Advocate. Just as I read in the Bible. Jesus came back to where I was and looked at me again with comforting love. We rejoiced together. He went on teaching me and talking to me a lot, but I don't recall the details. Now being so free and so loved, I never wanted to leave His side. I told Him so, but a look in His eyes said I had to return. I asked, Must I really leave? He looked at me with tenderness and said, "Yes, because there is a work I have for you to do." Coming back into my body in ICU was as quick as my journey out had been. It seemed like the speed of light. Christ brought me back. I looked at His sweet face for the last time, a face I could have looked at forever. Next thing I knew, I was looking into the face of a friend who had gotten into intensive care by saying she was my sister. I didn't realize where I was. When I saw her face, I was shocked because Jesus was gone so fast. Looking for His face, but seeing her face, I was disappointed. She told me later there was a look on my face that she had never seen before. She was confused—and a little hurt---by my response to her. After a full explanation later, she realized that I truly had been happy to see her. Following my recovery, I took an art class in oil painting. I kept trying to capture the "colors of Jesus" on canvas. That's all I could paint. I painted Him in all colors, all styles, but it is impossible to capture that color. The students lovingly teased me, saying I was a "Jesus girl." But my obsession with painting Jesus was a mild change compared to other areas of my life. Perhaps the biggest turnabout was my point of view. Before my NDE I used to fuss and bicker with W (husband) about petty concerns. I had wanted many things for myself. When I came back, I had a different appreciation for human relationships. They are so important. Much of what we think of as important isn't important at all. In 1986, I felt the Lord telling me, "Feed my sheep." This was at a time when W (husband) and I had begun a shelter for the homeless. We were called to that work for several years. I guess there are different ways we can feed His sheep or His lambs. Care of children is another way, and currently I'm a foster parent. We care for five children in our home. After having this fantastic Near Death Experience, I thought I should be doing big, wonderful projects for God. He has shown me that life is not about doing big things, but about doing whatever I do, for Him. While I was in heaven, God did not give me a specific commission that I know of, but my strongest sense is that my purpose is to love. Love, can there be a higher calling? Bernard of Clairvaux put it this way: "Life is only for love. Time is only that we might find God." Each of us comes to the Father through Jesus' purity, not our own. Jesus' loving arms are stretched out to you. He wants to be your Mediator, your Advocate. Can you see yourself with a load of guilt, pain, and sin slung over your shoulder in a sack? Will you walk out to meet Jesus and give him your load? Ask His forgiveness? Even now, He is there to meet you and take that burden to the Father to plead your case in the courts of heaven. You can know that joy when you hear Him say to you, "You're free. You're forgiven. Come, follow me." Take time to feel the joy, the lightness that forgiveness brings. Wait and experience."

In 1994 VJ wrote a poem as follows:

I am black
I am red
I am white
the daughter of a legacy of wealth
I am the descendant of slaves
the reminder of a lost dynasty
I am the lineage of the first people
the overture of pain from a stolen land
I am the flame of passion
the daughter of love
I am the blood of all my ancestors
the seed of hope eternally continuing
I am the mother of faith
the sister of peace
I am the friend of joy
the acquaintance of sorrow
I am the voice crying out for equality
the torch of liberty
I am as hands of God
as feet of Christ
I am a creation of God
the rib of man
I am the clay that became a living soul
I am woman.

NDE #5

Introduction

JS told me some of the many things that have happened to him in his life. It is amazing he lived through them.

To follow is J's story:

"It was in 1989, I had a mini-stroke and the Lord took care of me in that. In 1991, I had a train hit me and totally demolished the pick-up. I remember getting in the truck and starting to work and I don't remember anything after that. I don't remember seeing the train, I don't remember hitting the train, or anything about that. It was going 60 MPH and so was I. Someone who had seen the accident, said I was floundering around trying to get out. I believe it is Jesus. I had no scratches.

J's Near Death Experience:

In January of 1995, I felt this heart attack coming on and went upstairs to bed. I prayed to the Lord, that if this was my time to go, please ease the pain. So the next morning, we went on to church and came home that day. On the way home, I made my funeral arrangements, I told my wife who would sing, what songs I wanted.

So you were feeling really bad?

Yes. She tried to get me to go to the hospital and I said no. She said no, no you can't talk this way, and I said yes you've got to realize that everyone dies. We got home and I fed the cows and did everything I needed to do. Then we went back to church that night. When church was over, I went back to the back of the church. I reached up to grab a post and they said I turned grey. Then I hit the floor. My daughter-in-law was within a few feet of me. The Lord had showed her for almost a year before in her dreams she would be doing CPR on me. She's a CPR Instructor and a Respiratory Therapist at Jane Phillips hospital. So she wouldn't come to the farm, she wouldn't come up here, she would hardly have anything to do with us. She wouldn't tell us why, she kept seeing herself giving me CPR.

So she had a vision about this prior to it happening?

Yes.

She knew if she was near you she was afraid it would happen.

So when it actually happened in church, I was actually standing within ten feet of her. She, the ambulance drivers, and friends were all there with me. They told Arlene to go on out and get in the pick-up and she said "no." They told her she didn't want to see what happened when the ambulance got there. I don't remember any of this. I do remember when I touched that post, I knew what was coming, and I said Jesus, come and

get me, please take me home. I've done my work for you, I want to go home. He came and took me to heaven and when I got there the first thing I did was fall on my face because of my unworthiness to stand in His presence. He said, 'come with me I have many things to show you and many things to tell you. I have a book I want you to see.' I didn't realize what that was all about. The first place He took me was in the throne room of Heaven. The first thing I saw was the Lamb's Book of Life. It's so amazing because you hear people read the bible and they think they know it all and there's so much they don't know. For instance, it says 'and the books were open' and it talks about the book of life and that's all they know about it. There were lots of books. The first book I saw was the Lamb's Book of Life and I said please, will you let me read it. He said you can only read one name and he opened it to the page where my name was. Of course I wanted to read everybody else's name, you know? {I said yes.} He said I know what you want to read though and immediately another book opened. There on the table before me was my whole life. I looked and down and there on the page before me there was places blotted out with red and He said "forgiven by my blood". Some place I had sinned and I had said Jesus, forgive me. He forgave me and it was blotted out never to be remembered against me anymore. Later I asked Him, What was the name of that book? He said, "the Book of Remembrance". I've asked many different people whether the Bible refers to a Book of Remembrance and out of forty people only two could give me the correct answer. It's recorded in Malachi 3:16.

Did you know it before then?

No I didn't, I'd read the Bible through all my life, but I'd never seen it before. He said, "They that fear God and keep His word, their names will be written in the Book of Life as well." "Only those that have been washed in the blood." I saw other books, but I don't know, I can't give a description of them. And I'm kind of glad I didn't, I don't know what they were about, because I'm sure none of the other books had people's names in them. Anyhow, He said, Come on, come with Me, I have many things to show you, many things to tell you." I saw the River of Life, and it's so beautiful. The water is so crystal clear. I asked Him to let me sit down and put my feet in the water just for a thousand years, just for a thousand years. This river flows from the throne of God. On both sides of the river, was the Tree of Life. Twelve trees beautiful fruit. Such beauty, oh, if I could just taste each one of them. He took me by the hand and led me on and said, "Come with Me, I have more beautiful things to show you, more things to tell you, and I have a work I want you to do." I saw the Angelic Host at the great white throne, I couldn't see the throne, I couldn't see the Father.

You said white, is it white color or is it light?

Light, yes. I could see the Angelic Host around the throne and such beautiful music I've never heard before in all of my life. Not one note out of tune. Everything is in perfect harmony.

People singing or angels singing?

Angels singing; the Angelic Host around that throne.

Did you get to see the angels?

Yes, I did.

Did you see any people?

No, and I have wondered sometimes, why I wasn't allowed to see anybody. But I feel in my heart the answer is that I have a five year old son there and if I had seen him I wouldn't have come back. Anyhow, He showed me all these things, mansions and streets of gold. That didn't impress me because I was walking and talking to Jesus. People ask me what did He look like and I say can you imagine standing before the King in all His majesty and saying 'hey I want to see what you look like'. You'd be falling on your face.

I'm sure He's very beautiful.

It is like every person is a different individual, and those that have seen Him, it is like he's not showing them a different picture, but the part that He wants them to see. He knows your heart and knows what you know and like the best. He knows what is most important for you to see. He then said, 'I am Alpha and Omega. I am the beginning and the end. I am the first and the last.' I said, 'Well what does that mean to me? I know you were there when the world was formed and you'll be there when it's nothing. So what does that really mean to me?' He just laughed and said, "Okay, come with Me and I'll show you." He said "I told you I am Alpha and Omega, the first and the last. Then He showed me the first and the last scene. The first scene He showed me was a farm in western Oklahoma on the edge of the Cheyenne-Arapaho Indian reservation. The door opened to that house and that little six year old boy ran out of the house weeping, crying his eyes out. I can't find my two brothers. I saw all this in three dimension, so perfectly. What I didn't know then when I was that little six year old boy, was that when I sat there crying Jesus was sitting there with me holding me and He said to me when I was that boy: "I'll never leave you, I'll never forsake you. I'll take care of you." The next thing He showed me was me laying out there in the middle of the pasture, and I was weeping and crying and I couldn't get up; I couldn't stand up. My head was pulled down on my knees and all I could do was lay there and cry. I was having an appendicitis attack, my appendix was hurting so bad. I had milked thirty head of cows by hand and then I laid there in the pasture. Then I said to Jesus, 'Why that was me!' Jesus said to me very sternly, "why did you doubt me at that time?" "Do you remember I said I'd never leave you." "Why did you doubt me, I hadn't forgotten you." He said, "Look at the house." 50 yards away from the house was one of my lost brothers. I had prayed for him and he was there. My brother had gone to the armed services-world war. Something had happened and he fell and landed on his head and cracked his head seven different directions. From that he had had four paralytic strokes and from the four paralytic strokes his whole right side was completely paralyzed. The Army did all that they could do for him and sent him home to die and gave him an honorable discharge. In 1942, the district counsel meeting in Seminole, Oklahoma, prayed over him and he was completely healed. He had been doing revivals in Kansas, Oklahoma, Texas, all over the country, but he had come home that particular day to visit mom. There at the right time he looked out

and saw me lying out there in the pasture. I was completely healed, no scars, no nothing. Jesus had healed me. Then Jesus took me on a little further in time. There was a man on his knees in the hay meadow with such a look of horror and shock on his face. I didn't even realize it was me at first. I had reached down to put a chain around a [?] and a rattlesnake got me. The pain was so severe. It hurt so bad and was swelling and turning color. My wife was gone and no neighbors around. So I prayed to Jesus that if that was my time, please just ease the pain. My fingers swelled so much they touched each other. They were so large. It swelled three times the size clear to my elbow. I got a sling to put it up in and did thirty head of cattle and chores and when they got home they wanted to take me to the hospital and I told them that Jesus had taken care of it. Then He brought me back to the present and He said, I am not only Alpha, I am Omega. Jesus told me to leave the future in His hands and to trust Him. Can't I just see a little glimpse of it? He laughed and said 'ok' and another door opened. It wasn't a door of heaven. When that door opened I saw the most beautiful white stallion I've ever seen in my life. You could see the muscles on his shoulder flexing. There was a herd of white horses, each one keeping perfect time with that lead horse. I looked and I looked and I looked; hours, days and He said, "You realize I'm coming back very soon on that lead horse." I did not want to go back to earth. I've worked for Jesus for thirty some years and I didn't want to go back. Jesus said, "Do you want to do your will or My will?". I asked Him, "What did he want me to do? "I want you to go back and tell my people what you've seen and heard here; tell them, quench not my Holy Spirit." I said, "What does that mean, I don't understand?" And He said, "They have forgotten why." He reached out that long beautiful arm where they gorged him, then pointed to earth and said, "They have forgotten why I left my throne in glory, and came and suffered and bled and died on a cruel, rugged cross. They have forgotten why I gave them love, I gave them compassion, and I gave them forgiveness. He said, "They do not love like they're supposed to love. They do not forgive like they're supposed to forgive. They do not have compassion for each other. You must tell them, that bitterness, hatefulness, strife, backbiting, and complaining enter in and My Holy Spirit will leave them forever." He said, "One more thing I want to tell you before you go." He held up two fingers of His hand and He said, "Every person that ever breathed the breath of life will stand before Me and will answer and will say "Yes, Oh thou art the Christ." He said it will be too late for a lot of them. It will be too late to acknowledge that I AM the CHRIST! He said, "For everyone that ever breathed the breath of life, I will ask two questions. Did you do your will or did you do My will?

Oh, no!

He said "Tell them, you must tell them, tell all who will listen to you.

What was the second question?

That was it, it was a question with two parts. So, He came up and took me to Heaven, but He had an angel to escort me back to earth.

What did it look like, the angel? Did they look like light?

Yes

Can you describe their faces?

I can't describe them, you just know that they are angels.

Do they wear long robes like you see in pictures?

Oh, yes, and light is all around them. Just before I entered into my body at the Jane Phillips hospital, I heard the most hideous, hateful laugh I've ever heard in my life.

Like the devil?

Yes. I saw an army of saints, dressed in pure white, standing around me. The circle I was in looked as big as a room. Each one was standing tightly shoulder to shoulder; it was such a solid barrier that Satan could not break through. Satan was standing outside that circle. Satan said, "He wouldn't let me touch your body, He wouldn't let me touch your soul. You will never more minister. I killed your ministry. You'll never more minister again." Then I came back in my body. I was on a complete life support machine. My son and my daughter were from Wyoming. I saw them and told them I was ok. They [medical staff] checked me out and I was in another room off the life support machine. They said I could have the operation now and they sent me to St. John's in Tulsa. They [medical staff] checked me out and said my head was injured so badly that if they did surgery now they would cause my brain too much damage, so they did not dare touch me.

So what happened to your head?

When I had my heart attack, I fell back and hit the concrete. They could not do anything for me. They said that maybe in ten days to two weeks they would be able to operate. So back at Jane Phillips, the nurses did all that they could do for me. I was shaking with sobs and wet the whole front of my gown in tears, Jesus come and get me I want to go home. I said it over and over again. All I could think about was the terrible pain, my head was going to explode, it felt like a bomb had gone off in it, my chest was on fire. It was so severe all I could do was just lie there and weep to Jesus, begging Him to come get me. I wanted to go home. Jesus walked right through that closed door, walked around the foot of the bed, and around to my left side. He stood there looking down at me, somber, so sad. The only words He said was, "What do you want?" I was trying to think to understand what it was all about. He just stood there and looked at me, so good, so good, so sad looking. I told him that I wanted to go home. Jesus said, "You have to do what I want you to do; are you going to do My will or yours? I said, ' Jesus I will be a minister for you, will you touch me? He just took that nail scarred hand and put it over my heart. The hole in the palm of that hand was big enough to drop a quarter through. His hand covered my heart. Then he touched my head at the place that was hurting so severely. All the pain went away. It's hard to explain it, it had been so hard to get my breath, I couldn't get my breath, I was trying so hard to breathe, I felt like I had to breathe through my toes. Now, I could breathe so deeply and so clearly. I knew He would take care of me. They came in and said that I could have my operation now. I

thought, 'Jesus, where are you? Didn't you heal me, didn't you heal me? Jesus answered me very plainly, "I did what you asked me to do; you didn't ask me to give you a new heart, you asked me to take the pain away. I did what you asked me to do." Yes, Jesus I understand. But I know you could have completely healed me, why didn't you? He said, "Because of doubt, fear, and unbelief." I did not understand. He said, "Then I'll explain it to you. If I had completely healed you they would have said that you were not really that bad. You were not really serious, you were just in pain. 'See he's alright now.'"

Do you get to see Him now since all this happened?

I hear from him lots of times at the midnight hour.

Do you see Him at that time or just hear Him?

Silence.

Some people who have been able to see Him. They say that when they talk to Him no words are coming out of His or their mouth, but they are communicating, it's like a telepathy type thing, does this happen to you?

It's hard to explain. It's not exactly words. If there were a recorder there would not be any words to record.

That's easy to understand because He is a spirit and He speaks to our spirit. There is communication between those two spirits. That's the reason people don't understand it. When we get to heaven we will know as we are known. Like my son that died when he was five years old, will he be a grown man now or still five? It doesn't make a bit of difference, but I'll know him.

Please I must tell you this. We went to Pawnee, Oklahoma, and a man told me "we are going to tape this and have it all taped for you." Before I got through, the man went up to check his machine, and nothing had taped and wouldn't regardless of what he did. Then the Lord spoke to me and said, "I did not want this message to get out this way, I only wanted you to go down and tell the people, I want this message to go out by word of mouth and each person to carry it to somebody else." Anyhow that wasn't the end of the story, but the beginning of the story. One of the individuals that heard my testimony, went to a pizza place to eat, and gave my testimony to somebody while they were there. Less than an hour after the service I had a call inviting me to Tulsa to the Bethel Worship Center to give my testimony at that church. This was carried by word of mouth. And we went to this church, and after the service this man rushed home and wanted to share it with his wife. So he called her and gave it by word of mouth to her in the country of Africa she was visiting. And she gave it by word of mouth to the church she was visiting in Africa. After this, one of the men of the church was dying of cancer, and they had been praying and praying for the Lord heal him. When they got my testimony, they said, "We will not pray that way anymore, now we will pray, Lord thy will be done." This was by word of mouth. The man saw an angel coming and it escorted

his father to heaven. And this man's son was wakened up in the middle of the night by the Lord, the night after his father was taken to heaven. The Lord woke him up and said "Go write what I tell you to write." So he went to his typewriter and wrote down what He told him to write, and this is what he wrote:

J read to me this message that the Lord had given to this man in the middle of the night. He then gave me a piece of paper with that message on it. The woman who had been visiting in Africa, brought back this framed piece from the man that had written it in the middle of the night and sent it with her to be given to J.

So that's from God to you. [And we both cried.] Did you tell any of the physicians or nurses about your experience when you were in the hospital, and if so how did they respond to you and did they try to help you through your experience in any way?

I don't know exactly. One of the nurses came in and put her arm around me and prayed with me for a little bit and I witnessed to her about it. I was being shipped back and forth from one place to another. I had to go back to my son's house after this, and I remember lying there and feeling so bad and so tired. See after I had surgery, they had to cut me open and do it all over again.

Why?

The blood was coagulating and forming in a place in there and my lungs. So they had to go back in and take care of all of that. Since then, I've had to go back to the hospital for little things that didn't mean anything. I would ask, 'Why did I have to back?' Then I realized that each time I was in the hospital, about every half hour, I gave my testimony to nurse after nurse after nurse. They usually send only one at a time, but sometimes there were at least four in there at a time. There were other staff besides nurses every day. My doctor said, "We'd better get you out of the hospital pretty soon, or you'll have them all converted."

Did any of the nurses mention if they had been around any other patients that have had NDE's?

No.

You're experience was so beautiful, I just wish more people could hear it and get to talk to you. You seemed to be a spiritual person before this even happened, but did this experience make you more spiritual?

Yes, it did. I've always had failures, I've never been perfect, I've had times I've lost my temper. Everyone is an individual and there are times that I realize that I either control it or it will control me. If someone says that I probably think I am perfect now, I

answer them that I'm not perfect. But I do know that I'm forgiven. I've seen it. (The Lamb's Book of Life).

If we have no other goal in this world, it should be to have our name in that book also!

I asked his wife if J's experience has made her more spiritual also, and she said yes, they have had many miracles happen to them. Financial help and many other things. They both said people they have met, and help they have received when they needed it most, such as out on the road with breakdowns, etc. The right help would come along at the right time, and J shared one very beautiful experience with me that he had had. And many other stories, such as his brother's miracle cure from paraplegia to fine after he had been prayed over. J's miracles occurred during his whole life it seemed like. When he was young, he was found miraculously by a brother (who had been gone for some time), when J had an appendicitis attack out in the middle of a field. He had had a stroke in 1989, was hit by a train in 1995, just many, many things have happened to him that would have killed most people. More of the miracles they experienced have to do with his ministry now. We talked about the people lives he has touched, even those that he thought were untouchable. Then Jesus would say, "Tell him, tell him." And J would and that person would be in tears and hanging on the J's arm and thanking him so much for sharing this experience with him. {I said you have probably helped so many people with this.} Then J would say, the Lord leads me to these people. {I am sure he has put a lot of people in J's path as well.} He talked of one time Jesus kept saying the word Corbin, while J was in the tub, during the night and the next morning. J then called the only man he knew in Corbin and was on his way to a church there where the people were so grateful. This is a very exceptional family. So much so, I had tears in my eyes most of the way home that night. The message written in the middle of the night by the man over in Africa to be sent back as a gift for J is written below. Jesus gave this same message to J in heaven for all of us ~ it is for the world, it is exactly what J had gotten to see and learn in heaven.

(Here is J's message from Jesus for the world):

THE COMMISSION

A man of God fell down one day,
and with the Lord he went to stay.
Five days he walked in Heaven's land,
then Jesus took him by the hand,
right up to Heaven's Holy Book,
and there he was allowed to look.
His name was inscribed clear as day,
then Jesus brought the man away.
The Lord commissioned him and said,
"Go back to earth; rise from the dead,
then tell the people where you've been,
of what you've heard and what you've seen.
Let them know of glorious bliss,
But most important tell them this:

To enter Heaven's gates sublime,
You all must pass at end of time
this question from God's son divine,
"DID YOU DO YOUR WILL OR DO MINE?"

