

IANDS' Vision Statement

We envision a future in which the study of near-death experiences is established and integrated into all relevant scientific, academic, healthcare and spiritual/religious communities.

We envision a future in which all near-death experiencers are accepted, respected and supported by their healthcare providers, families, co-workers, and the public at large, as they integrate their experiences into their lives.

We envision a future in which people from all walks of life, religions and cultures will look at near-death experiences as a potential source of meaning and inspiration.

IANDS' Mission Statement

To build global understanding of near-death and near-death-like experiences through research, education and support.



Near-Death Experiences: Key Facts

*International Association for Near-Death Studies
2741 Campus Walk Avenue, Building 500
Durham, NC 27705-8878
Phone: 919-383-7940
Email: services@iands.org
Web site: www.iands.org*

Key Facts about Near-Death Experiences

Definitions

Near-death experiences are profound psychological events with transcendental and mystical elements typically occurring to individuals close to death or in situations of intense physical or emotional danger.¹

NDEs belong to a larger family of experiences that transcend the usual limits of space and/or time and have the potential to transform a person's life and beliefs. They are often called spiritually transformative, conversion, mystical, or transpersonal experiences.

One-fourth of the 800 people who have submitted their experiences to the IANDS online survey reported they were not close to death or dead at the time. Instead, they were in emotionally intense situations, meditating, sleeping or in ordinary states of consciousness when this phenomenon occurred. IANDS refers to these as "near-death-like experiences" or NDEs. Seventy-five percent had a subjective sense of being close to death, were in a life-threatening situation or felt they were clinically dead.²

Features in the NDE

More than 15 common features in the NDE have been reported by near-death experiencers. An NDE may include only one or two of these elements, and, in a few cases, all of them. These include: a sense of being outside one's physical body; sometimes perceiving it from an outside position; a sense of movement through darkness or a tunnel; intense emotions; heightened perceptions; experiencing a great light or darkness; perceiving a spiritual realm, which may include vividly memorable landscapes; encounters with deceased loved ones, spiritual beings and/or religious figures; knowledge of the nature of the universe; a life review; a sense of oneness and

¹ Greyson, B. (1981). Near-Death Experiences and Attempted Suicide. *Suicide and Life-Threatening Behavior*. 11, 10-16.

⁵¹ Sutherland, C. (1990).

⁵² Flynn, C. (1982).

⁵³ Bauer, M. (1985). Near-Death Experiences and Attitudinal Change. *Anabiosis: Journal of Near-Death Studies*. 5, 39-46.

⁵⁴ Ring, K. (1998).

⁵⁵ Musgrave, C. (1997).

⁵⁶ Sutherland, C. (1989). Psychic Phenomena Following Near-Death Experiences: An Australian Study. *Journal of Near-Death Studies* 8, 99.

⁵⁷ Greyson, B. (1983). Increase in Psychic Phenomena Following Near-Death Experiences. *Theta*. 11: 26-29.

⁵⁸ Ring, K. (1984).

⁵⁹ Migliore, V. (2007).

⁶⁰ Thomas, W.I. and Thomas, D.S. (1928). *The Child in America*. New York, NY.

⁶¹ Christian, S.R. (2005). Marital satisfaction and stability following a near-death experience of one of the marital partners. University of North Texas Dissertation. Available at

http://www.unt.edu/etd/all/August2005/Open/christian_sandra_rozan/index.htm

⁶² Christian, S.R. (2005).

⁶³ Noyes, R. (1980).

⁶⁴ Ring, K. (1984).

⁶⁵ Stout, Y. et. al. (2006) Six Major Challenges Faced by Near-Death Experiencers. *Journal of Near-Death Studies* 29, 49-62.

⁶⁶ Stout, Y. (2006).

⁶⁷ Hoffman, R. (1995). Disclosure Habits After Near-Death Experiences:

Influences, Obstacles, and Listener Selection. *Journal of Near-Death Studies* 14:30.

⁶⁸ Pennebaker, J. W. et.al. (1988). Disclosure of Traumas and Immune Function: Health Implications for Psychotherapy. *Journal of Consulting and Clinical Psychology*. 56, 239-245.

interconnectedness; a border of no return; a sense of having knowledge of the future; messages regarding life's purpose.^{3,4}

- No two experiences are identical and no single feature is found in every NDE.⁵
- The most commonly reported type of NDE involves intense feelings of peace, joy and love, often an encounter with an unconditionally loving light.
- Harrowing experiences are sometimes reported involving similar common elements but with opposite emotional states—extreme fear, isolation, non-being, confusion, occasional torment or guilt. Two substantial studies have reported the percentage of these NDEs as 17% and 18%,^{6,7} although smaller studies have found as many as 30%;⁸ two online NDE sites report incidences of 8.6% and 15%.^{9,10}

A Little History

- The earliest known description of a near-death experience was recounted by Plato in his “Myth of Er,” found at the end of Book X of *The Republic*, which was written c. 420 B.C. Accounts can be found in the folklore and writings of European, Middle Eastern, African, East Indian, East Asian, Pacific and Native American cultures.¹¹
- The term “near-death experience” was coined by Dr. Raymond Moody in his book *Life After Life* in 1975.¹²
- The International Association for Near-Death Studies (IANDS) was formed in 1981 by a group of researchers subsequent to the outpouring of requests for more information about NDEs.

Prevalence of NDEs

- Surveys taken in the US,¹³ Australia¹⁴ and Germany¹⁵ suggest that 4 to 15% of the population have had NDEs.

²⁶ Bush, N.E. (2006).

²⁷ Greyson, B. (1991). Near-Death Experiences Precipitated by Suicide Attempt: Lack of Influence of Psychopathology, Religion, and Expectations. *Journal of Near-Death Studies*, 9:3.

²⁸ Ring, K. (1980).

²⁹ Fenwick, P. <http://www.near-death.com/experiences/suicide02.html>

³⁰ Greyson, B. (2003). Incidence and Correlates of Near-Death Experiences in a Cardiac Care Unit. *General Hospital Psychiatry*, 25:269-276.

³¹ Fenwick, P. (2004). Science and Spirituality: A Challenge for the 21st Century. *The Bruce Greyson Lecture from the International Association for Near-Death Studies 2004 Annual Conference*.

http://iands.org/research/important_studies/df_peter_fenwick_m.d._science_and_spirituality.html

³² Ring, K. (1980).

³³ Parmia, S., et al. (2001). A Qualitative and Quantitative Study of the Incidence, Features and Aetiology of Near-Death Experiences in Cardiac Arrest Survivors. *Resuscitation*, 48, 149-156.

³⁴ van Lommel, P. (2001).

³⁵ Greyson, B. (2003).

³⁶ Blanke, O. et al. (2002). Stimulating illusory own-body perceptions. *Nature*, 419, 269-270

³⁷ Holden, J. (2006). Out-of-Body Experiences: All in the Brain? *Journal of Near-Death Studies*, 25: 99-107.

³⁸ Jansen, Karl. (1997). Response to Commentaries on “The Ketamine Model of the Near-Death Experience.” *Journal of Near-Death Studies*, 16, 79-95.

³⁹ http://www.eurekalert.org/pub_releases/2006-07/jhmi-hss070506.php

⁴⁰ Moody, R. (1988). *The Light Beyond*. New York, NY. Bantam Books.

⁴¹ Sutherland, C. (1990). Changes in Religious Beliefs, Attitudes, and Practices Following Near-Death Experiences: An Australian Study. *Journal of Near-Death Studies*, 9: 24.

⁴² Ring, K. (1998). *Lessons from the Light: What We Can Learn from the Near-Death Experience*. Insight Books.

⁴³ Flynn, C. (1982). Meanings and Implications of NDE Transformations: Some Preliminary Findings and Implications. *Anthbiosis: Journal of Near-Death Studies* 2: 7

⁴⁴ Noyes, R. (1980). Attitude Changes Following Near-Death Experiences.

Psychiatry, 43:234-242.

⁴⁵ Greyson, B. (1992) Reduced Death Threat in Near-Death Experiencers. *Death Studies*, 16: 533-46

⁴⁶ Musgrave, C. (1997). The Near-Death Experience: A Study of Spiritual Transformation. *Journal of Near-Death Studies*, 15: 187-201.

⁴⁷ Sutherland, C. (1990). Changes.

⁴⁸ Flynn, C. (1982).

⁴⁹ Musgrave, C. (1997).

Bibliography

- Every day in the U.S., 774 NDEs occur, according to the Near-Death Experience Research Foundation (NDERF).¹⁶
- Of more than 800 near-death experiencers (NDErs) reporting to IANDS, 25% believed they were clinically dead at the time of their NDE.¹⁷
- A large study conducted in the Netherlands showed that 18% of people who suffered a cardiac arrest and were clinically dead had later reported an NDE.¹⁸

Cross-Cultural Comparisons

Non-Western near-death research has been conducted in China, India, Thailand, Tibet, and in several native cultures in Australia, Chile, Guam, the continental U.S., New Zealand, and Hawaii. Similarities to Western NDEs are the belief that this is the afterlife, a profound sense of peace, being in an otherworldly realm, meeting deceased relatives, meeting spiritual or religious figures (usually in keeping with one's cultural background) and to a lesser extent experiencing some type of life review. The tunnel sensation was rarely reported in non-Western cultures.¹⁹

Veridical Near-Death Experiences.

Veridical near-death experiences are NDEs in which people reportedly out-of-body have observed events or gathered information that was verified by others upon the experiencer's return to a conscious state. These are a few famous cases of anecdotal veridical evidence:

- The Case of Pam Reynolds:

In order to remove a life threatening aneurysm deep in her brain, Pam Reynolds underwent a rare surgical procedure called "Operation Standstill" in which the blood is drained from the body like oil from a car, stopping all brain, heart and organ activity. The body temperature is lowered to 60 degrees. While fully anesthetized, with sound-emitting earplugs, Pam's ordeal began. Dr. Spetzler, the surgeon, was sawing into her skull when Pam suddenly heard the saw and began to observe the surgical procedure from a vantage point over his shoulder. She also

- 1 Greyson, B. (2000). Near-Death Experiences. In E. Cardena, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experiences* (pp. 315-352). Washington, DC: American Psychological Association.
- 2 Migliore, V. (2007). *Statistical Summary of Near-Death Experience Reports*. IANDS report.
- 3 Moody, R. (1975). *Life After Life*. Mockingbird Books.
- 4 Ring, K. (1980). *Life At Death*. Coward, McCann & Geoghegan.
- 5 Moody, R. (1975).
- 6 Rommer, B. (2000). *Blessing in disguise: Another side of the near-death experience*. St. Paul, MN: Llewellyn Publications.
- 7 Bush, N.E. (2006). "Distressing Near-Death Experiences," presentation at *International Association for Near-Death Studies 2006 Annual Conference, University of Texas M.D. Anderson Cancer Center*.
- 8 Lindley, J.H., Bryan, S., and Conley, B. (1981). Near-death experiences in a Pacific Northwest American Population: The Evergreen study. *Anabiosis* 1, 104-125.
- 9 Migliore, V. (2007).
- 10 http://www.nderf.org/meg_a's_nde.htm.
- 11 Greyson, B. (2006) Near-Death Experiences and Spirituality. *Zygon*. 41, 394.
- 12 Moody, R. (1975).
- 13 Gallup, G., and Proctor, W. (1982). *Adventures in Immortality: A Look Beyond the Threshold of Death*. New York, NY: McGraw-Hill.
- 14 Perera, M. et al. (2005). Prevalence of Near-Death Experiences in Australia. *Journal of Near-Death Studies*, 24, 109.
- 15 Knoblauch, H. et al. (2001). Different Kinds of Near-Death Experience: A Report on a Survey of Near-Death Experiences in Germany. *Journal of Near-Death Studies*, 20, 15-29.
- 16 http://www.nderf.org/number_nde_usa.htm.
- 17 Migliore, V. (2007).
- 18 van Lommel, P, et al. (2001). Near-death Experience in Survivors of Cardiac Arrest: A Prospective Study in the Netherlands. *Lancet* 2001; 358: 2039-45.
- 19 Kellehear, A. (2006). *NDEs throughout History and across Cultures* IANDS Conference Presentation: DVD. www.iands.org
- 20 Sabom, M. B. (1998). *Light and Death: One Doctor's Fascinating Account of Near-Death Experiences*. Grand Rapids, MI. Zondervan.
- 21 van Lommel, Pim. (2001).
- 22 Sharp, K.C. (1995). *After the Light: What I Discovered on the Other Side of Life That Can Change Your World*. Morrow, NY.
- 23 Ring, K. (1999). *Mindsight: Near-Death and Out-of-Body Experiences in the Blind*. William James Center for Consciousness Studies.
- 24 Ring, K. (1984). *Heading toward Omega: In Search of the Meaning of the Near-Death Experience*. William Morrow Books.
- 25 Ring, K. (1980).

heard what the nurses said to the doctors. Upon returning to consciousness, she was able to accurately describe the unique surgical instrument used and report the statements made by the nurses.²⁰

- A Report from a Dutch Nurse:

*"During night shift an ambulance brings in a 44-year old cyanotic, comatose man into the coronary care unit... When we go to intubate the patient, he turns out to have dentures in his mouth. I remove these upper dentures and put them onto the 'crash cart.' [...] Only after more than a week do I meet again with the patient, who is by now back on the cardiac ward. The moment he sees me he says: 'O, that nurse knows where my dentures are.' I am very surprised. Then he elucidates: 'You were there when I was brought into hospital and you took my dentures out of my mouth and put them onto that cart, it had all these bottles on it and there was this sliding drawer underneath, and there you put my teeth.' "*²¹

- Maria's Shoe

*Kimberly Clark Sharp (1995) was a social worker in Harborview Hospital in Seattle when Maria was brought in unconscious from cardiac arrest. Sharp visited her the following day in a hospital room, at which point Maria described leaving her body and floating above the hospital. Desperate to prove that she had in fact left her body and was not crazy, she described seeing a worn dark blue tennis shoe on the ledge outside a window on the far side of the hospital. Not believing her but wanting to help, Sharp checked the ledge by pressing her face against the sealed windows and found a shoe that perfectly matched the details Maria had related.*²²

- Visual Perception in the Blind

*Dr. Kenneth Ring describes 21 cases of visual perception in the blind during their near-death experiences in his book Mindsight: Near-Death and Out-of-Body Experiences in the Blind.*²³

alienation and depression. They often avoid disclosing their experience, not wanting to risk ridicule, judgment and lack of understanding in others.⁶⁶ Evidence suggests that non-disclosure of significant personal experiences increases physical and psychological stress. This stress adds to the physical and emotional challenges caused by events that originally led to the near-death experience itself.^{67, 68} The degree to which NDErs suffer from depression or suicidal ideation linked to their NDEs is under study by IANDS.

IANDS Educational Venues:

- IANDS has now grown to include over 50 local groups throughout the world. IANDS hosts international conferences, conducts workshops and retreats, and produces educational materials and a quarterly peer-reviewed journal and newsletter on the topic of near-death experiences. Workshops have been developed for healthcare providers, for near-death experiencers and for the general public.

Future Research:

- IANDS has identified several priorities for future research. Those include larger studies of NDEs in non-Western cultures and formal needs assessments of NDErs, especially among combat NDErs, children and adults who have experienced harrowing NDEs. IANDS is also investigating suitable application of NDEs for suicide prevention, as well as for reduction of grief and fear of death, while continuing its quest to understand the causes, nature and implication of the near-death experience.

Attitudinal Changes and Aftereffects:

“There is one common element in all near-death experiences: they transform the people who have them. In my twenty years of intense exposure to NDEs, I have yet to find one who hasn’t had a very deep and positive transformation as a result of his experience.” Raymond A. Moody, M.D. ⁴⁰

- In several studies, nearly all near-death experiencers report a strong decrease or complete loss of the fear of death as the result of their NDEs. ^{41, 42, 43, 44, 45, 46}
- At least 98% of surveyed NDErs now believe that there is life after death. ^{47, 48, 49}
- NDErs, including suicide attempters do not generally attempt to take their lives again. ⁵⁰
- Spiritual growth, a loving attitude, knowing a Higher Power/God, inner peace and a sense of purpose in life characterize the changes most meaningful to NDErs. ⁵¹
- Over 80% of surveyed NDErs expressed a strong increase in their concern for others ⁵² and that life has meaning or purpose. ^{53, 54, 55}
- Among surveyed NDErs, 55 - 89% of report an increase in psychic phenomena or healing abilities following their NDEs. ^{56, 57, 58, 59}

Challenges:

“If men define situations as real, they are real in their consequences.” Thomas, W.I and Thomas, D.S. ⁶⁰

NDErs face significant challenges following an NDE.

- In one study, 65 % of NDErs’ marriages result in divorce as opposed to 40 to 50% in the general population. ⁶¹ Major changes in values⁶², careers (75%) ⁶³ and religious views ⁶⁴ contribute to stress in an NDEr’s relationships.⁶⁵
- NDErs, especially those who have suffered a distressing or frightening experience, can suffer from feelings of

Correlations

- No significant correlation has been found between religious beliefs and the likelihood or depth of the near-death experience.²⁴
- No significant correlation has been found between age, race, sexual orientation, economic status and the likelihood, content or depth of the near-death experience. ²⁵
- No correlation between the life history, beliefs, behavior or attitudes of a person and the likelihood of having a radiant or harrowing NDE has been established. ²⁶
- There is no evidence of a correlation between the means of coming close to death, including suicide, and the likelihood of having a harrowing NDE. ^{27, 28, 29}

Explanations for NDES

“No one physiological or psychological model by itself explains all the common features of NDE. The paradoxical occurrence of heightened, lucid awareness and logical thought processes during a period of impaired cerebral perfusion raises particular perplexing questions for our current understanding of consciousness and its relation to brain function. A clear sensorium and complex perceptual processes during a period of apparent clinical death challenge the concept that consciousness is localized exclusively in the brain.” ³⁰

Aren’t NDEs hallucinations?

No. Hallucinations are usually illogical, fleeting, bizarre, and/or distorted, whereas the vast majority of NDEs are logical, orderly, clear, and comprehensible. People tend to forget their hallucinations, whereas most NDEs remain vivid for decades. Furthermore, NDEs often lead to profound and permanent transformations in personality, attitudes, beliefs and values, something that is never seen following hallucinations. People

looking back on hallucinations typically recognize them as unreal, as fantasies, whereas, people often describe their NDEs as “more real than real.” Further, people who have experienced both hallucinations and an NDE describe them as being quite different.^{31, 32}

Aren't NDEs the result of anoxia (lack of oxygen) in a dying brain?

No. Physicians have compared oxygen levels of cardiac arrest survivors who did and did not have NDEs and their findings discredit the anoxia hypothesis. In fact, in one study, the NDErs had higher oxygen levels than non-NDErs.³³ People report near-death experiences from many situations when their brains are healthy—during childbirth, in accidents, in falls. People also report classical near-death-like experiences that have occurred during conversations or while holding a dying loved one. In those cases where anoxia is involved and monitored, such as in cardiac arrest, the effects are disorientation and poor memory. The opposite is true for those patients who report near-death experiences following their cardiac arrest.^{34, 35}

Haven't locations in the brain been found to produce NDEs?

The right temporal lobe, the left temporal lobe, the frontal lobe attention area, the thalamus, the hypothalamus, the amygdala and the hippocampus each have been suggested by different neuroscientists as linked to the near-death experience. Although different parts of the brain may be *involved* at some point before, during, or following some NDEs, there is no empirical evidence that any one of these, or a combination of them, *manufacture* the NDE. Every perception we have will be associated with activity in a specific part of the brain, but that doesn't mean the activity caused the experience. For example, as you read these words, there is increased electrical activity in your occipital lobe, but we don't conclude that these words are a hallucination caused by that brain activity. A Swiss neuroscientist, Olaf Blanke, claimed that stimulation of the right angular gyrus can trigger out-of-body experiences (OBEs).³⁶ However, the stimulated experience

involved only one patient. That patient's experience was fragmentary, distorted and illusory, substantially different from OBEs occurring during NDEs.³⁷

Haven't certain drugs been shown to produce NDEs?

Ketamine and psilocybin are two drugs that have reportedly triggered mystical experiences that appear to be different than hallucinations and have similar elements to NDEs. Karl Jansen, who has written more than anyone else on NDE-like ketamine experiences, says the following.

*“After 12 years of studying ketamine, I now believe that there most definitely is a soul that is independent of experience. It exists when we begin, and may persist when we end. Ketamine is a door to a place we cannot normally get to; it is definitely not evidence that such a place does not exist.”*³⁸

NDEs are quantified by using Greyson's NDE Scale and Ring's Weighted Core Experience Index. No such NDE measures are known to have been taken by the subjects involved in drug-related experiments in order to make a valid comparison. Scientists in the new field of neurotheology are researching psilocybin and its mystic state-inducing capabilities for its possible therapeutic effectiveness.³⁹

Can NDEs be induced through meditation, shamanic drumming, yoga or other spiritual practices?

Near-death experiences occur by definition “near-death,” although as mentioned earlier, NDEs belong to a larger family of mystical or transpersonal experiences that transcend the usual limits of space and/or time and have the potential to be spiritually transformative. Practices such as meditation, shamanic drumming and yoga can trigger a variety of mystical experiences that appear identical to NDEs even though the experienter is not physically close to death.