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CHANGES IN DREAMING AFTER NEAR-DEATH STATES

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Abstract: The question of whether near-death states are just another form of dreaming is covered from several points of view, including death dreams that take on a physical significance absent from regular dreams. How dreaming changes for near-death experiencers after their episode is covered, as well as the unusual link to waking up around 3:00 am. Responses in this regard are the opposite of what has been established by medical science throughout the general population. This paper closes with a question to Psiber Conference attendees – why left? Why do between 85 to 88% of visitors from the other side of death and from the finer worlds of spirit, enter to the individual's left? A call for ideas and input is given.

Skeptics of the near-death experience frequently claim that the episodes are nothing more than dreamlike variations or fabrications of an overactive mind. In a word or two, wishful thinking. As we shall see, however, there are differences between near-death scenarios and both dreams and hallucinations.

Unlike near-death episodes, dreams are usually surreal, having no cohesive storyline of how the symbols present in them are interpreted. Although near-death scenarios may not contain events commonly occurring within the experiencer's real life, they nevertheless develop around an explainable sequence of events that not only has meaning but immediate significance.

Dream content varies from person to person. Although there isn't a single, uniformly experienced near-death scenario, there are common elements that appear in episodes regardless of culture or belief. Dreams are frequently forgotten. We usually remember that we had a dream or two, but we don't always recall what it was about. With the exception of near-death experiences that happened in childhood but were then repressed, only to be remembered later in adult life, the

vast majority of near-death experiences are vividly remembered and seldom ever forgotten.

Dreams can be veridical, but when they are, they're typically dreamt by people considered to have psychic, intuitive abilities. On the other hand, and as the numerous stories I presented in *The Big Book of Near-Death Experiences* [1] show, people who have out-of-body experiences as part of their near-death episodes tend to report, and accurately, activities that occurred around them as well as outside their physical field of vision – people who were otherwise not considered to be telepathic or psychic. (Example: A young woman in an auto/truck accident saw her father during her near-death state. When she was resuscitated, she told everyone that she had spoken with her father and that he said he had died, how, and when. No one believed her. At the insistence of medical personnel, her family made several phone calls, and learned to their horror that the father had indeed died five minutes before the daughter did, exactly as she said he had.)

And the testimonies of experiencers themselves argue against near-death episodes being dreams: Almost all of them maintain that the imagery, vividness, content, and sense of authenticity of their near-death scenarios are completely different from what they experience when dreaming.

A certain type of personality has been identified as the "fantasy-prone personality," and the suggestion has been made that there is a correlation between this personality type and near-death experiencers.

The fantasy-prone person is deeply invested in fantasy life, has a vivid hallucinatory ability, intense sensory experiences, and a strong visual memory. Comparative studies between fantasy-prone people and near-death experiencers, though, have been inconclusive. In one study, fantasizers – in contrast to near-

death experiencers – said that their hallucinatory fantasies were not “as real as real” and were not lifelike, detailed, or stable. Two other studies came out showing substantial differences between fantasy proneness and those who experience near-death states.

And whereas psychedelic drugs have been shown to produce experiences similar to the subjective scenarios of the near-death state (tunnels, lights, heavenly music, mystical consciousness, and childhood memories, among others), the drug user is aware afterward that his or her experience was not real, even if at the time it felt as though it were. Near-death experiencers maintain that their episodes were real. The vast majority live their lives afterward – in one way or another – on the basis of this conviction. Most make significant life changes because of what happened to them.

Though there have been near-death reports that later proved to be false, there’s generally too much veracity in near-death experiences for them to be easily labeled as hallucinations. (Example: Lloyd L. Haymon saw his pet parakeet in his near-death scenario and realized that the parakeet had died. No hallucination here. Lloyd’s wife later confirmed that the bird had died “for no apparent reason” at the same moment that Lloyd suffered his heart attack and was being treated by paramedics – minutes before he was in the ambulance in which he had his near-death experience).

The intensity of hallucinations, no matter how they are caused (and that includes oxygen deprivation, blood loss, drugs, and centrifugal spinning), fade with time or lead to increasing periods of confusion. Conversely, near-death states, regardless of type, are clear and coherent – a recentering of the mind. Consistently accurate and intense over time, these stories are known to produce significant

psychological and physiological aftereffects that expand with the passing years. Powerful in their ability to transform lives, the episodes are “instructive” about reality as it truly exists. Hallucinations do not exhibit such characteristics.

Early in my career as a researcher, I noticed that some people had the most unusual death dreams. Not the kind where you dream you are going to die or see yourself in a coffin or hover above your funeral. Rather, the individuals actually experienced what seemed to be the physical process of dying as if that’s exactly what they were doing, and then suddenly awakened with the same traumatic response of an individual who had just been resuscitated in a hospital.

I know medical science claims that it’s impossible for anyone to dream of their actual physical death as it occurs. Yet that is exactly what some of the people I had sessions with feel that they did.

Although this peculiarity happens to adults, I’ve discovered more of these cases with children – especially of school age, but more specifically around the time of puberty and the early teen years. Of the child experiencers I spoke with, the majority never told their parents or teachers about the incident out of fear that they would either be made fun of or be sent to a hospital. All of them were physically stressed afterward, and had great difficulty for a while negotiating tasks expected of them – as if their bodies needed time to repair themselves. A few were already under a doctor’s care for various reasons. (For instance, one had rheumatic fever, another was fighting a serious staph infection, and still another suffered a sudden, sharp abdominal pain.) But the rest seemed to be reasonably healthy before they “died” during their strange dream.

What we know now is that, contrary to what you might suppose, it is possible to experience a near-death episode during a dreamed “death event.” What arises

from situations like these can mimic or match all of the elements and patterns typical of near-death states, including the lifelong aftereffects. It has been surmised that such individuals really do die while asleep, but revive before medical intervention is deemed necessary.

That means, death dreams can be literal! One man I interviewed said he fell fast asleep after having sex with a beautiful woman. During his sleep, he dreamt that he had a heart attack and died, then experienced a full-blown near-death episode. He awoke in a hospital and learned, much to his surprise, that he really had had a heart attack. His lady friend had dialed 911 after repeated attempts to awaken him had failed to produce any response.

In consideration of possible sleep disorders with near-death experiencers, Kevin Nelson, a neurophysiologist at the University of Kentucky, compared the sleep patterns of fifty-five people who had reported unusual sensations during a near-death experience, to fifty-five people who hadn't. He and his team of researchers discovered that the near-death group had a significantly higher rate (60 percent compared with 24 percent) of a sleep disorder known as rapid eye movement (REM) intrusion. This disorder causes one of the most active dream states of sleep (REM) to intrude into wakefulness. Once awake, people can feel paralyzed, hear sounds other people didn't, and experience leg muscle weakness. The implication from Dr. Nelson's research is that near-death experiencers are more likely to have different sleep-wake mechanisms in their brains than those of the general public.

There are many problems with the sleep disorder research of Dr. Kevin Nelson and his associates. Among them are: Questions asked of participants were so ambiguous they missed the point of the study; and the control group consisted of friends and colleagues of Dr. Nelson, not those more representative of the public

at large. The most serious, though, concerns a well-known finding that sleep patterning and dream states change afterward for the vast majority of near-death experiencers. He would have had to conduct before-and-after investigations of experiencers previous to his study in order to have a valid baseline for measurement.

Although I have alluded to significant changes in dreaming after near-death states ever since I first began publishing my findings in 1982, it wasn't until I wrote about my work with child experiencers in *The New Children and Near-Death Experiences* [2] that I finally published figures: More of an active, vivid dream life afterward - 66%. With adults, published throughout most of my books and on my website in the flier on aftereffects: More vivid and intense dreams and visions - 79%. I hasten to add here that children often have vivid dreams, future memory episodes (living the future before it occurs or the idea of pre-living as preparation for what is about to happen - explained in-depth in *Future Memory* [3]), and spirit manifestations. Thus, it was somewhat difficult for them to articulate the degree to which their dreamlife differed afterward. Adults had no hesitation describing how their dreamlife had changed: Dreams incredibly more colorful, vivid, intense, and involved - with a substantial increase in the ability to prelive the future, know the future, be able to heal others through the dreamstate, gain information, travel out-of-body, and explore other environments - as well as spirit realms.

Odd, though, was a discovery I made (to be published next year) that 60% of the adult experiencers in my study, woke up between 3 to 4:00 am most mornings. They did not do this before their near-death episode. The time of 3 to 4:00 am, or there about, was not only consistent, but consistently described as a time when they were more creative, musical, inventive, and could easily be in touch

with spirit guides and angels. They came to regard that hour as a time for spiritual inspiration and upliftment. Many of the child experiencers agreed.

Why I call this odd, is that medical science identifies that particular time period as the "Hour of the Wolf." where there is an elevated likelihood of congestive heart failure, vehicle accidents, errors made by nightshift workers, and the gloom of despair [4]. Yet just the opposite occurs with near-death experiencers – and - artists, composers, sculptors, mystics, psychics, religious and spiritual adherents. This I feel is an important discovery, especially since during that same time period the ambient level of the earth's magnetic field (earth pulse) spikes. The result is a resonance frequency (standing wave) in the neighborhood of 7.83 hertz, which matches the frequency when healing usually occurs and contact with Source deepens. The implication here is that because of the impact of near-death states, an individual can become realigned with the natural current of healing energy, creativity, and spiritual attunement – a sensitivity more typical of gifted artists, inventors, meditators, and mystics – and that realignment can actually protect against possible health problems, mistakes in judgment, and emotional setbacks.

Another oddity is that the onset of sleep can go unrecognized with near-death experiencers, sometimes for months or maybe a year or two after their episode. With child experiencers, a loss of any need for nap time is commonplace. Accompanying this loss is a significant rise in flow states which can become a long-term patterning change in how their brains seem to function. Experiencers of any age can deal with a fear of sleep, perhaps in apprehension of another fatal event. Any fear of this type is usually short-lived.

A puzzle for me, though, is why hospice and critical care nurses report that between 85 to 88% of dying patients report that visitors from "the other side" and

the return of "those who are already dead" appear to their left. This has been my observation as well. Some nurses claim that this is probably because medical personnel are taught to stand or sit to the right side of the patient whenever possible. This explanation does not cover the bulk of such reports, nor does it address the fact that the same thing tends to happen under any circumstance, anywhere. So, why left? And why, when most near-death experiencers leave their body, do they most often say that they floated or rose to the left ceiling corner before "leaving"? The same type of reports emerge from the deathbed scene of those who die and stay dead.

It is known scientifically that a person's left side is controlled by the right brain hemisphere, thought by many to be somewhat "weaker" than the left brain hemisphere and more concerned with abstract and wholistic thinking, the arts, spirituality, and states of expanded awareness. This might explain the conundrum. Also, the heart is located on one's left side. Yet various types of healers claim that the left hand is the receiving hand when they intentionally receive energy for their work; and intuitives who analyze aura photographs taken by a Kirlian-type camera, say that an individual's aura changes approximately every six weeks, with the new energy entering the field from the individual's left side.

Anyone with an idea of why left is so important with spirit visitations, the dead reappearing, deathbed visions, and the spirit release route preferred by the dying and by experiencers of near-death states, is urged to contact this author at the e-mail address of atwater@cinemind.com. Your ideas will be helpful to me in the current book I am writing which finalizes my research of near-death studies.

In this article I have sought to show that near-death states are distinctive, that the process of dreaming changes in patterning afterward (even as regards to

timing factors), and that the onslaught of sleep can alter – at least for a while.

These changes, although fascinating, are in my opinion significant indicators that brain function is affected by the near-death phenomenon, perhaps brain structure as well. This will be covered in-depth in my next book.

References:

- [1] Atwater, P. M. H., L.H.D. *The Big Book of Near-Death Experiences*, Hampton Roads; Charlottesville, VA, 2007. Pages 204, 214-217, 264-266.
- [2] Atwater, P. M. H., L.H.D. *The New Children and Near-Death Experiences*, Inner Traditions/Bear & Co., Rochester, VT, 2003. Page 83.
- [3] Atwater, P. M. H., L.H.D. *Future Memory*, Hampton Roads, Charlottesville, VA, 1999. Chapters 4 and 7; Itzhak Bentov's chart on objective, subjective, and convergent time-space relationships, page 97. (Caution: The book *Future Memory* is mathematically designed on the format of a labyrinth. Like any true labyrinth, it will not make sense unless read [walked] straight through. The material enfolds as does a labyrinth's pathway and for the same reason, to enable your consciousness to move up to the next highest state possible for you. In that sense, it is similar in function to a psychotronic device.)
- [4] Ackerman, Jennifer. *Sex, Sleep, Eat, Drink, Dream: A Day in the Life of Your Body*, Houghton Mifflin Company, New York City, 2007. Chapter 13.