

CHILDREN'S NEAR-DEATH STATES: NEW RESEARCH, A NEW MODEL

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*Abstract: What is regarded as classical near-death phenomenology emerged from adult researchers interviewing adult experiencers. It is an adult model by adults for adults. Explorations of children's near-death states have used this same model, resulting in findings typical to standard literature in the field – even though child experiencers, if given the opportunity, express themselves differently than adults, and respond to the aftereffects in ways often at variance to that of adults. Focusing on the ages of birth to fifteen years, a new model emerged, one that better addresses the patterning of near-death states with children and the complexity of their aftereffects.*

For this study, I sought out individuals who remembered having had a near-death experience between birth and the age of fifteen. Of the 277 who qualified, nearly half were of teen or adult age by the time we met. The child experiencers who were older enabled me to track the aftereffects throughout the various life stages. My racial mix was: 12% Blacks (American and Canadian), 23% Latinos (Hispanics, Argentines, and Colombians), 5% Asians (Malasian and Chinese), and 60% Whites (American, Canadian, French, English, and Ukraine).

Fifty-two of the 277 agreed to fill out a lengthy and intense questionnaire: 44 of them had a near-death episode by their 15<sup>th</sup> birthday (the majority in both my questionnaire and the overall study had their experience before the age of seven); four had an unusually dramatic death dream; the remaining four met the profile of a child experiencer (died while young, exhibited the full range of aftereffects) even though they could not remember any such event. As is typical for me, the questionnaire was supplemental, enabling me to use a different "lens" for re-examining my initial findings.

By far the most frequent cause of death in my study of 277 child experiencers was drowning, followed by suffocation and minor surgery (tonsillectomies, accidents). Forty-two percent of my cases, though, could be tied to some form of parental or sibling abuse. Of the four types of near-death states I have previously identified and detailed in my book *Beyond the Light*, the most common reported by children was the Initial Experience at 76%. The Initial Experience is always brief and consists of only a few basic elements, yet, regardless of brevity, the full profile of aftereffects, both psychological and physiological, can and usually does ensue. (This observation leads me to suspect that complexity is no determinant of the intensity or impact of a near-death state. In fact, intensity alone seems to be the major factor, rather than imagery or length of scenario.)

I stated in *Beyond the Light* that small children never experienced the extreme range of scenario types as do adults. This project proved me wrong: 3% were Unpleasant and/or Hellish (the youngest only nine days old); but of the 2% Transcendent, each had reached puberty before they "died." The full breakdown of scenario types and

incident rates for 277 child experiencers and 3,000 adult experiencers appears in this chart:

## THE FOUR TYPES OF NEAR-DEATH EXPERIENCES

Initial Experience (sometimes referred to as the "non-experience") Involves one, maybe two or three elements, such as a loving nothingness, the living dark, a friendly voice/visitation, a brief out-of-body experience, or a manifestation of some type. Usually experienced by those who seem to need the least amount of evidence for proof of survival, or who need the least amount of shakeup in their lives at that point in time. Often, this becomes a "seed" experience or an introduction to other ways of perceiving and recognizing reality. Rarely is any other element present.

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

Unpleasant and/or Hell-like Experience (sometimes referred to as "distressing")

Encounter with a threatening void, stark limbo, or hellish purgatory, or scenes of a startling and unexpected indifference (like being shunned), even "hauntings" from one's own past. Usually experienced by those who seem to have deeply suppressed or repressed guilts, fears, and angers, and/or those who expect some kind of punishment or discomfort after death. Life reviews common. Some have life previews.

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

Pleasant and/or Heaven-like Experience (sometimes referred to as "radiant") Involves

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

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

Transcendent Experience (sometimes referred to as "collective universality") Encounter

with otherworldly dimensions and scenes beyond the individual's frame of reference; sometimes includes revelations of greater truths. Seldom personal in content. Usually experienced by those who are ready for a "mind stretching" challenge and/or individuals who are more apt to utilize (to whatever degree) the truths that are revealed to them. Life reviews rare. Collective previews common (the world's future, evolutionary changes, etc.).

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

Children's near-death scenarios can have judgmental elements in them, especially those that come from Asia and various indigenous cultures. The presence of a "critical or caring parent" figure can serve to give orders, judge the child for past deeds, or in some

manner prepare the very young to meet and fulfill their destiny. While adult experiencers face their misdeeds during the life review segment of their episode and make "course corrections" afterward because of what they were shown or relived (and this is true for some kids as well), the very young are more apt to be lectured "for their own good" by a being who "instructs" or "cares."

Clearly, 70% of children's near-death scenarios involve angel visitations. Tiny ones are not as explicit as older kids, yet the majority describe them as winged and either white or black or colored "like real folks are." The very young seldom use the term "angel;" rather, they speak of "the people" or describe loving beings made of light.

Youngsters are also met by deceased relatives and friends (verified later on); deceased animals and pets (sensations of being licked, rubbed, or pawed quite vivid); religious figures (described as being more wonderful than angels); God (for the very young experienced as the greatest of fathers or grandfathers, for those in school or older as a sphere of all-knowing light); and people very much alive, a rarity (usually a favorite teacher or playmate - figure lasts only long enough to calm the child then is usually replaced by beings more typical of "other worlds" (such as angels or bright ones).

To understand children's cases, we must keep in mind that kids are tuned to different harmonics than adults. Concepts of either life or death leave them with puzzled faces. "I don't end or being anywhere," a youngster once told me. "I just reach out and catch the next wave that goes by and hop a ride. That's how I got here."

Child experiencers, even more so than with average youngsters, speak in the language of "other worlds," one that is less verbal and more akin to synesthesia (multiple sensing). This ability allows them to perceive what we call "reality" as *consisting of layered realms* unrestricted by physical boundaries; multi-dimensionality. Thus, they easily giggle with angels, play with ghosts, see and sometimes prelive the future. Parents generally find such behavior cause for panic. Still, what seems worrisome may well have a logical explanation: near-death states expand faculties normal to us, enabling individuals to access more of the electromagnetic spectrum. A fascinating aspect of this is, that as a child's mind begins to shift around, their intelligence increases.

Over half of the child experiencers in my study could remember their birth; one-third had pre-birth memories – most of those starting at about *six to seven months in utero*. Medically, it has been shown that the fetus at 26 weeks or six months in gestation can feel and respond to pain like an infant. This medical research of fetal awareness and pain response directly applies to the majority of children in my near-death research who reported the beginnings of their memory as *a soul resident in human form inside the womb*. Some had recall earlier than month six in utero, even of their conception and of actively taking part as a spirit in choosing their own DNA. Most of those who spoke of remembering their conception, however, said they "floated" in and out of their mother's womb until finally "settling in" when fetal formation was more complete (around the seventh month).

Yet, even in recognizing that birth and pre-birth memories can remain clear and coherent over time, I discovered that children who undergo near-death states are *six times more likely than adult experiencers to block, ignore, or "tuck away" their near-death*

*episode*. Obviously, the degree to which kids are regularly pushed aside, made fun of, or punished because of "over-active imaginations" is involved; but I suspect that the real pivot point between repression and expression may be the guilt many child experiencers admit to feeling after their episode ended. . . as *if it was their fault that the bright ones went away and didn't come back*. This tendency youngsters have for self-blame seems to magnify out of proportion if episodes end too abruptly or if the child had insisted on staying.

Spontaneous and full recall later in life was commonplace; for most of those in my study this began after the age of 30, usually because of nightmares or in dreams, some because of hypnotic regression, others from having read books about the phenomenon that triggered memory. Children who have multiple experiences is fairly common; nearly a third of those I had sessions with went on to have additional near-death states in adulthood. Almost 80% of those who "died" were able to watch the death event from a viewpoint outside of their body, either from above or to one side. What they saw and heard, in the majority of cases, could not have been known by them in advance, yet accuracy was later verified. If the near-death event occurred during surgery and the child spoke of it after being revived, doctors would routinely tell the child to "shut up" or "forget what you saw." The medical community might be wise to reconsider their stance on this issue, since even infants, days old, can witness surgery performed on them as if they were an observer to the fact and remember what they saw – including any mistakes the medical staff committed.

Even though adult and child experiencers deal with similar challenges and the same aftereffects, their response patterns can be exactly the opposite. Examples: children tend to close in after their episode, while adults open up; kids are more apt to start attending church as soon as possible, adults leave in droves. On the topic of religion, it is notable that adults generally return to some type of church environment within seven to ten years after their episode. But youngsters, if ever alienated, almost never revisit a religious setting again. Evidence of a life continuum is more pronounced in children's scenarios; some not only recall life before birth, but *life before earth!*

A surprise to me was the importance of "dark light" experiences with little ones under the age of three, and more specifically from 15 months and under. These were the tiny tots who snuggled into what they later called, "The Darkness That Knows," and wound up much more likely to develop genius than those whose episode was filled with bright light: *96% of the "dark" scenarios reported in the larger study resulted in the child reaching the genius level of intelligence without genetic markers to account for this, whereas only 40% of the "bright light" ones did*. After the age of three the disparity ceased. Implications of this strongly suggest that we need to overhaul how we regard and interpret the meaning and power of "darkness" and "light," as well as the effect a near-death state has on a baby's brain (and during birth trauma). IQ enhancements in math and science were remarkable, as was a predominance of spatial ability *in both genders*.

Of special interest is the issue of spatial ability. Most child experiencers became spatial/non-verbal/sensory-dynamic thinkers after their episode (male or female). There is a link between spatial reasoning and mathematics and music, in that all three are necessary to arrange schemes that encompass the many-sidedness or wholeness of a given design. In my larger study, *85% of those who displayed math enhancements to the*

*point of genius also showed an unusual interest in and sensitivity to music.* The centers for math and music are located next to each other in the brain. Implied here is that the "charge" of a near-death state tends to jumpstart both areas as if they were the same unit.

With those who filled out the questionnaire, 48% tested out on the genius level with standard IQ texts after their episode. (A couple measured 136, but the majority were in the 150-160 range; some were over 186.) But, of those who had their experience before the age of six, the percentage climbed to a staggering 81%. . . suggesting that the younger the child the greater the incidence of genius that cannot be explained via genetic markers.

The spatial qualities child experiencers of near-death states exhibit are oftentimes shared by quite a different group – those who have autism. While there is no known link between near-death states and autism, there is an observation I can make that is worth considering: where abstract thought processing occurs in autistic individuals because of what may be a damaged limbic system, I have consistently noticed among near-death experiencers *that a similar phenomenon occurs in them because of a seemingly enhanced and expanded limbic system.* (The limbic system appears to be at the core of near-death states, not as causal, but as the directive agent once the episode is underway.) Autism disconnects normal emotional responses - near-death episodes strengthen and heighten them. (Again, the "lynchpin" is the limbic.) It is my belief that once we can better identify and understand the limbic system's role in transformations of consciousness, particularly near-death states, we will have a handle on how it may serve as "mediator" between the physical world and otherworldly realms.

## SUMMARY OF RESEARCH RESULTS

Even considering Melvin Morse, M.D., and his breakthrough work with children as chronicled in *Closer to the Light*, research on near-death states of the young is still relatively new. My project is intended to be one more step in broadening our knowledge base of the phenomenon. A detailed presentation of the material I offer here can be found in *The New Children and Near-Death Experiences*.

An updated profile of physiological and psychological aftereffects as identified in my research is presented below for your information. Figures are based on sessions with 3,000 adults and 277 child experiencers.

### PHYSIOLOGICAL AFTEREFFECTS OF NEAR-DEATH STATES

Most common (between 80 to 95%) – more sensitive to light, especially sunlight, and to sound (tastes in music change); look younger/act younger/more playful (with adults) – look older/act and seem more mature (with children); substantial change in energy levels (can have energy surges); changes in thought processing (switch from sequential/selective thinking to clustered/abstracting, with an acceptance of ambiguity); insatiable curiosity; lower blood pressure; bright skin and eyes; reversal of brain hemisphere dominance commonplace; heal quicker.

Quite common (50 to 79%) – reversal of body clock, electrical sensitivity, heightened intelligence, metabolic changes (doesn't take as long to process food, bowel

movements can increase); assimilate substances into bloodstream quicker (takes less for full effect); loss of pharmaceutical tolerance (many turn to alternative healing modalities); heightened response to taste/touch/texture/smell/pressure; more creative and inventive; synesthesia (multiple sensing); increased allergies; preference for more vegetables, less meat (with adults) – more meat, less vegetables (with children); latent talents surface; indications of brain structure/function changes (also to nervous and digestive systems, skin sensitivity).

#### PSYCHOLOGICAL AFTEREFFECTS OF NEAR-DEATH STATES

Most common (between 80 to 99%) – loss of the fear of death; become more spiritual/less religious; more generous and charitable; handle stress easier; philosophical; more open and accepting of the new and different; disregard for time and schedules; regard things as new even when they're not (boredom levels decrease); form expansive concepts of love while at the same time challenged to initiate and maintain satisfying relationships; become psychic/intuitive; know things (closer connection to Deity/God, prayerful); deal with bouts of depression; less competitive.

Quite common (50 to 79%) – displays of psychic phenomena; vivid dreams and visions; “inner child” issues exaggerate; convinced of life purpose/mission; rejection of previous limitation/norms; episodes of future knowing common; more detached and objective (dissociation); “merge” easily (absorption); hunger for knowledge; difficulty communicating and with language; can go through deep periods of depression and feelings of alienation from others; synchronicity commonplace; more or less sexual; less desire for possessions and money; service oriented; healing ability; attract animals (good with plants); aware of invisible energy fields/auras; preference for open doors and open windows/shades; drawn to crystals; laugh more; adults lighter afterwards – children wiser, more serious, bonding to parents lessens.

Of those who tested out with extraordinarily high IQs, two scored 136 as kids but jumped to 150 when retested during their college years, five began at 186 but scored progressively higher at each additional testing later on. The rest were anywhere between 152 to 174 in the single test they took in school.

Yet, even those who were not labeled "genius" displayed a uniquely creative mind, numerous faculty enhancements, an unrelenting curiosity, and an exceptional ability to *know things* that set them apart from other members of their family and their agemates. School complications because of this were numerous.

Teenage and adult experiencers are the ones who are drawn the most often to some type of healing, counseling, and ministerial roles, but not the kids, at least not the majority. Math and science are "naturals" for them, as well as history, for they are very curious about times past and anything to do with reincarnation and a life continuum.

Changes that occur in a child's mind afterward may be more significant than has thus far been noted. For instance, I discovered that *following a near-death experience, a child's learning ability reverses* - instead of continuing on with the normal developmental curve, from concrete (details) to abstract (concepts), a child returns immersed in broad

conceptual reasoning styles and has to learn how to go from abstract back to concrete. When asked to state what it was like for them after their near-death episode, child experiencers, almost to a person, echoed this same refrain: "I felt like an adult in a child's body."

I have noticed that near-death states, if sufficiently intense, seem to trigger faster and more complex "growth spurts" in children's brains than might be expected, even considering age. Because of this, I am moved to ask: what if kids can undergo temporal lobe enhancement before the time when such development is known to occur? Would that account for the phenomenal abstractions a child displays afterwards? What if the learning reversals so apparent in child experiencers are the direct result of the brain being "charged" by the intensity of either an unusual "light" or "dark" effect at crucial junctures in its growth? It seems to me that there's more involved in the outworking of a near-death episode than what current medical and scientific knowledge can explain.

If we compare research results from child experiencers with what I have previously done with adults (refer to *Beyond the Light* or *The Complete Idiot's Guide to Near-Death Experiences*), we see some startling differences. To begin with, 57% went on to enjoy long-lasting marriages once grown (whether married once or twice). Adults, on the other hand, reported tremendous difficulties afterward forming and/or maintaining stable relationships: 76 to 78% of their marriages ended in divorce.

Both groups experienced unusual increases or decreases with light sensitivity: about 79% among the kids, which was close to the adult range of between 80 to 90%; sound sensitivity was equally close (around 80%). But, whereas adults evidenced 73% electrical sensitivity, only 52% of the kids exhibited the same anomaly – perhaps more of a reflection of who has ready access to technological equipment than a true deviation. Yet adult experiences were four times more likely to become vegetarians than the younger crowd (even near-death kids snub their veggies).

Afterward, parent/sibling relationships tended to be strained for child experiencers. Additionally, kids were more likely than adults to be challenged socially and to report regrets about what happened to them. A large number would go back to The Other Side, even if that meant suicide. Child experiencers, whether still young or grown, seldom saw a counselor, and received less help when they did go to one. This was not true with adult experiencers, contrary to how loudly some of them protested. Because the disparity between children and adults in this area was so enormous, further study is recommended.

Family/friend alienation – within five to ten years after their episode, one-third of the child experiencers in my overall project admitted to having problems with alcohol. Almost to a person, they claimed that undeveloped social/communication skills were the culprit, along with an inability to understand what motivated family members and friends.

Unfortunately, 42% of those I had sessions with befell the tragedy of parental and sibling abuse. And note the *sibling* abuse. The worst of all horrors, always, is parents who mistreat their children. While such abuse is rampant nationwide, the increased stress inherent with the near-death phenomenon and its aftereffects seem to exacerbate situations that are sometimes already strained.

There's another aspect to the issue of alienation, though, that for the child may be even more profound. Completely aside from any abuse or peer pressure from family or friends, and whether or not parents were supportive, the most significant factor I found was *who or what greeted the child on The Other Side of death*. What parent, no matter how wonderful or loving, can compare with Holy Spirit? What person, friend or foe, can interest a child who has visited the bright realms and become buddies with an angel? For the child experiencer, connecting with such transcendent love, then abruptly losing that connection, can be very confusing.

The issue of suicide – children reason differently. Unaccustomed to a consideration of cause and effect, they tend to act on impulse; hence the high degree of alcoholism and suicidal tendencies – 21% attempted suicide afterward (within five to fifteen years of episode), compared with less than 4% of the adult experiencers. For a child, it seems perfectly logical that the way to rejoin the light beings met in death is to die and go back. And this is the reason each of those in my study gave for their suicide attempt. Kids do not recognize that such a decision is self-destructive. Yet, it is the children, not the adults, who are the most likely to leave the "heaven" of their near-death episode and return to life so their family won't be saddened by their death.

Parent/child bonding is initially quite strong. These kids want to be with their families. That bonding brings them back, again and again. When I met with youngsters, their most common retort was, "I came back to help my Daddy," or "I came back so Mommy won't cry." The parent/child bond doesn't begin to stretch thin or break until after the child revives. That climate of welcome or threat, as well as how the episode ended, directly impinges on everything that comes next.

Money, mission, and home – take note of what occurs once child experiencers mature: job satisfaction 80%, home ownership 68%. Add to that the long-lasting marriages they have and you get a picture of contentment adult experiencers can't even begin to match, and one that the general public might envy. Maybe it's the added years, the extra time children have to experiment with what works and what doesn't as they grow. In fairness, many adult experiencers are on the opposite end of the growth curve, with the bulk of their lives behind them. Of interest, however, is that salary motivated neither adult nor child, as the majority tended to eschew money and materialism, possessions and awards.

Youngsters seldom did anything about "mission" (the reason they believe they came back to life) until they were older, even if they knew what their mission was. Adults seemed almost driven to communicate theirs and mobilize necessary energies quickly. Yet, it was the kids who wound up doing more and making more of a lasting contribution to society. Perhaps this is another finding that simply reflects the age difference, but maybe not. How mature (or distrustful) child experiencers tended to become afterward was consistent with the kind of slow, cautious approach they often took. A complaint many voiced was, "I never had a childhood." This lament usually faded during the middle years, or whenever they felt more secure about their uniqueness.

I do not use the standard double-blind/control group method most professionals do in my research of near-death states because I don't trust it. Initial screening based on this standard style, whether in person or by mail or e-mail, is dependent upon questions that use terms in advance of the experiencer's response and "lead" in the sense of how certain questions tend to inspire certain answers. Most of these question formats have the same antecedent, geared to proving or disproving a single "accepted" model.

Certainly, when everyone uses the same basic research style and instruments, better and more accurate comparisons can be made. And this is desirable on one level. But, what if the original work was incomplete or perhaps biased in the direction of "preference" – either the researcher's or that of the experiencer's? consciously or subconsciously?

No criticism is intended here, for I know how sincere and diligent both experiencers and researchers are and how difficult it is to maintain objectivity. Nonetheless, we need to admit that:

- No allowance was made during the early years in the field of near-death studies for inquiries about unpleasant and/or hellish experiences, or, for brief episodes that had little if any imagery.
- Experiencers who had problems accepting or integrating their episode were in essence "ignored."
- The full spread of psychological and physiological aftereffects went unrecognized for more than a decade.
- Children's scenarios were assumed to be the same as adults, their responses similar, until my study indicated otherwise.
- Attempted suicides afterward were completely "missed."
- Correlations between life experiences and what was met in the near-death scenario, the sense that what happened was "needed," were generally bypassed in favor of the notion that near-death states were a distinctly "separate" phenomenon.
- Negative aspects and responses received short shrift as compared to the positives.
- The three very different types of light were "lost" in a rush to declare near-death states as experiences of brilliant bright light.
- The "tunnel" was never a "signature" feature - except in the "classical" media-model originated in the mid-seventies to sell Moody's first book.

Both the "preference factor" (seeing in the experience what we want to see) and the "pathological approach" (thinking it something we can dissect like heart disease), fail utterly to address the complex dynamic known as "the near-death-experience."

We need to broaden our research base. Empirical research can be conducted utilizing a number of different approaches, and I count mine as one of them. Past discoveries in the field of near-death studies are praiseworthy, but observer/analysts like myself are needed to track a myriad of details control-group studies cannot address. If we are ever to understand the near-death phenomenon, we must examine it from 360 degrees.

I am convinced from my own work that the near-death experience is part of the larger genre of "transformations of consciousness." Its uniqueness from other states that comprise the genre (such as religious conversions, kundalini breakthroughs, shamanic vision quests, spiritual illuminations) rests entirely on the fact that it happens unexpectedly to people at death's edge irrespective of age, culture, or belief. This characteristic does confer a special dispensation, and that is: *the near-death experience can be used as a neutral model for exploring the entire genre*. Modern technology has provided an "explosion" of cases worldwide, making it possible for researchers to broach topics once relegated to religion's private domain. Although evidence of an afterlife seems irrefutable in the cases that have emerged; in truth, research on the near-death experience has actually revealed more about life than it has death.

Nearly three decades have passed since Moody's book, *Life After Life*, electrified the world. To meet new challenges, we must make significant changes in our field of study. And it is my hope that we will.

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P. M. H. Atwater, L.H.D. is one of the original researchers in the field of near-death studies, having begun her work in 1978. To date, she has published eight books on her findings, the ninth is due out October, 2007 – *Near-Death Experiences: The Complete Sourcebook* (Hampton Roads, Charlottesville, VA). Some of her findings have been verified in clinical studies, including the prospective study done in Holland and appearing in *Lancet* medical journal, 12-15-01. In 2005 she was awarded the Outstanding Service Award from IANDS, and the Lifetime Achievement Award from the National Association of Transpersonal Hypnotherapists, as well as an honorary degree from a school in Sri Lanka.

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