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## "Children and the Near-Death Phenomenon" Another Viewpoint

Published in the Journal of Near-Death Studies, Vol 15. No. 1, Fall 1996, pages 5-16.

P.M.H. Atwater, L.H.D., Ph.D. (Hon.) P. O. Box 7691 Charlottesville, VA 22906-7691

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**ABSTRACT:** Children who brush death, nearly die, or who are pronounced clinically dead but later revive have a much higher incidence of near-death experiences (NDEs) than do adults. Although excellent research now exists on children's cases, there have been discrepancies. I suggest that we need to broaden the range of observations on children's NDEs and reconsider what is known about children and the near-death phenomenon.

Approximately one-third of those adults who face impending death or who die but are resuscitated have a near-death experience (NDE). Among children, the number exceeds 75 percent, according to Melvin Morse and his team of associates who pioneered children's near-death research (Morse and Perry, 1990). Other researchers have worked with children, including myself, and there now exist excellent studies on their NDEs. But do we know as much as we think we do about what happens to these youngsters? I don't think so.

The more children I encounter, the more teenagers and adults who remember their childhood episodes that I speak with, the more convinced I am that we have only scratched the surface of what we can learn from the young. To broaden our view on the subject and explore it more deeply, I believe we need to move past our preoccupation with *the experience* to an investigation of *the phenomenon*, a switch in focus that will enable us to address aftereffects as well as episodes. The proverbial "rest of the story" is as critical for children as for adults, with the same abundance of positives and negatives. The following is a case in point:

I was very small when I had my near-death experience. When I could run and play like the other kids again, I'd go from room to room. I'd look under the beds, in the closets, behind the doors and furniture -- from the top of the house to the bottom -- other people's houses, too. I'd look and look, but I never found them. They loved me. I know they did. They were warm and wonderful and bright with light. They came to me when I died and they left when I breathed again. I looked for years and years. Sometimes I'd curl up underneath my bed and cry. Why couldn't I find them? Where did they go? Why did they leave me in a place where no one cared and no one loved me? Was I that bad that they couldn't return?

The teenager who spoke these words was 4 years old when her heart stopped and beings made of light came to get her. She remembers walking hand-in-hand with them into realms of music and warmth and beauty, and so much love that she never wanted to leave. Then suddenly, without choice or warning, she revived and found herself back in a body racked with pain. Surrounded by strangers, she was forced to deal with the aftermath of major surgery alone and frightened. She has yet to get over the shock or the anger at feeling abandoned, not by her parents, interestingly enough, but by the "bright ones" who loved her and then left her behind. She now sees a counselor, and requested anonymity.

Stories of children's near-death experiences are compellingly heavenly, innocent renderings of the "pure lands" our hearts somehow know must exist on the other side of death's door. The cases of little ones, we say, confirm that life is everlasting. But child experiencers have more to tell us than stories about angels, even though nearly 70 percent claim to have seen the winged ones (Hauck, 1994). And they have more to share than descriptions of deceased pets and the animal heaven some say they must pass through before they can reach the heaven where people are.

Although some excellent research has already been done with children, I think it is time to take another look and assess more critically the impact such experiences and their aftereffects have on a child's life, both at home and at school, and in the years that follow. This editorial is an attempt to begin such a process of rechecking what we think we know.

The foregoing case typifies what I keep hearing from young people, especially those in the early teen years who can remember what once happened to them and can comment on the aftermath of their experience. Teenagers speak about aftereffects in a manner the very young cannot; yet their near-death episodes are still fresh and untouched, for the most part, by the type of acculturation one finds with adults.

Aside from the transformations we hear so much about these days, it is clear to me that children can also be confused, disoriented, or traumatized by the aftereffects of their experience. The case of Lynn is an example of this, of how a joyous encounter of heaven can lead to a lifelong nightmare afterward. Looking back for the age of 36, she related these details:

My first near-death experience occurred when I was 13 years old, in September of 1872. It happened during open heart surgery that I was having to correct a heart condition I had had almost from the time of my birth. I was 2 weeks old when the condition was discovered. For 12 years I couldn't run and play like other kids. Occasionally, I would turn blue. Then I got real sick. The two weeks before surgery I was so scared. I would have my large, black Great Dane, Harvey, climb into bed with me. I would hold him tight and cry into his coat because I didn't want to die.

The last thing I remember in surgery was a male voice saying in a very matter-of-fact way, "Uh-oh, we have a problem here." The next I knew I was floating up around the ceiling looking down on my body. My chest was open wide and I could see my internal organs. I remember thinking how odd it was that my organs were pearl gray and looked almost beautiful. I thought that, because my organs didn't look like bright red chunks of liver, like in the horror flicks I loved to watch. I also noticed that on the operating team was a black doctor and one who was Oriental. The reason this tuck in my mind was that I was brought up in a very white, middle-class neighborhood, and I had seen black schoolteachers but never a black doctor. I had met the operating team the day before surgery, but they

were all white.

Suddenly, I had to move on, so I floated into the waiting room where my parents were. There I saw my father with his head buried in my mother's lap. He was kneeling at her feet, his arms wrapped around her waist, and he was sobbing like nothing I had ever seen before. His whole body shook with the force of his sobs. My mother was stroking his head, whispering to him. This scene shocked me.

My father was not prone to showing emotions. He had celebrated his 17th birthday island-hopping during World War II with the marines. He joined the police force when he came back and retired after he was injured in the line of duty saving another's life. He went to law school after that and became a judge. When it came to us three kids, dad was very hard and very unemotional. In fact, he was downright cold. I never thought he cared about me. Yet I felt distanced from the whole scene because I knew they would be fine no matter what happened. Once I realized this, I felt myself being pulled into a tunnel that was horizontal.

From the white light came two dogs of mine that had died. One was a collie named Mimi who had died three years previously from an infection, and the other was a boxer named Sam who had died two years previously from being hit by a car. The dogs came running towards me and jumped on me and kissed my face with their tongues. Their tongues weren't wet, and I felt no weight when they jumped on me. The dogs seemed to glow from a light that was inside them. I remember thinking, "Thank you, God, for letting my dogs be alive." I hugged my dogs as tight as I could.

I then called my dogs and together we started walking towards the light. All the colors were in the light and it was warm, a living thing, and there were people as far as the eye could see, and they were glowing with a light that seemed to come from within them -- just like my dogs. In the distance I could see fields, hills, and a sky. They light spoke, and it said, "Lynn, it is not time for you yet. Go back, child."

I must take a moment to describe what this voice sounded like. It was beautiful and it sounded like music. It was soft, yet there was strength in it. The voice made me feel secure, loved, wanted, protected. I put my hand up to touch the top of the light. I knew that I had touched the face of God. I remember telling God that I loved Him, and I wanted to stay with Him. Again the light said, "Lynn, go back. It is not time yet for you. You have work to do for me. Go back."

I know this is going to sound silly, but I asked the light, "If I go, can I come back, and will my dogs still be here waiting for me?" The light said yes, and then told me there were people who wanted to see me before I left. From out of the light came my maternal grandparents. I ran to them and embraced them. They were going to walk me part of the way back. Just as I was turning to leave, a man stepped from the light. He was in full dress U.S. Naval uniform. He was very tall and very blond with blue eyes. I had never seen this man before, yet he knew me and smiled.

"I am your Uncle Franklin. Tell Dorothy that I'm okay and that the baby is with me. Tell her I never stopped loving her and that I am glad she got on with her life. Tell her that when her time comes, I will come for her. Remember to tell her I love her." I turned to leave, and this man shouted out after me to remember him to my aunt. His exact words were, "Tell Dorothy, tell her you met Franklin, and I'm okay and so is the baby."

My grandparents told me if I stayed any longer I might not make it back. But I wanted to talk with Jesus. I grew up in parochial schools and I

believed in Jesus. I had a very important question to ask him. A beam of light covered me, different from the first beam of light, yet similar in a way. I knew this light was Christ.

I leaned against the light for one moment and then I asked my question: "Dear Jesus, is it true that you gave me this heart condition so that I would have a cross to carry like you did?" (Sister Agnes, my sixth-grade teacher, told me that my heart condition was my cross to bear for Christ. That is why I asked this question.) I heard the voice of Christ vibrate through me as it said, "No, this heart condition of yours is not a cross from me for you to bear. This heart condition of yours is a challenge to help you grow and stay compassionate. Now go back."

As I walked back to the tunnel with my grandparents and my dogs, my grandmother told me my father was going to leave my mother and I would be my mother's strength. In the distance, as we went along, I saw people hiding in the tunnel, people who were afraid to come into the light or who were disoriented by where they were. I expressed concern for them, and was told not to worry, that a guide would be along to help them into the light. Some of these people looked like soldiers. Then I remember Viet Nam and I knew where the soldiers were coming from.

Lynn described in detail what it was like to be resuscitated. Among other things, she heard a man say, "Hit her again," as a jolt of current rocked her body. The jolt was so painful she tried to scream, but couldn't. Blackness came. Hours later she awoke hooked up to a myriad of tubes, unable to speak but fascinated by shadows moving among the medical staff. She came to realize these shadows were people who had died there. It didn't take long before she could watch "death" take place, could see the soul as it exited the body. Hospitalized for a month, she was released earlier than planned, because she talked so much to people who had died and to the misplaced souls, that her doctor was convinced she would go crazy if she stayed any longer.

I can't tell you how pleased my father was to hear the doctor claim I was a little crazy. Now that I had survived, my father went right back to being his cold self. The day I left, in front of my parents, I asked Dr. Davidson, my cardiologist, who the black doctor was in the operating room. Dr. Davidson said that the black doctor had been called in because one of the members of the team had become ill at the last moment, and so he covered for him. Dr. Davidson wanted to know if this doctor had been by the way "Hi," but I said "No, I saw him during surgery." Dr. Davidson stopped smiling and told me to go home and forget everything.

Once home, everything changed. Light bulbs would pop if I got angry, or stuff would move around. And I would "see" things whenever I touched anything. From jewelry, I could tell who owned it and where it had been worn. If I touched people I would see their whole life in flashes, and I could tell them about their future. School became easy. I didn't have to study so hard anymore to get really good grades. But sunshine bothered me, and so did loud noise.

My father left us. He told me he thought I was crazy and I belonged in a mental hospital. My father told me this in front of the whole family. It was Thanksgiving Day, 1973, a year later. I told my father I could prove I wasn't crazy. I turned to my Aunt Dorothy and I said, "Who is Franklin?" There was silence. Every eye at the table was on me; mouths were wide open. My Uncle George, who was married to my Aunt Dorothy, looked at me with tears in his eyes, and said, "Lynn, if you wanted to hurt me, you've

done a good job."

Everyone went home early and my father left us. A few weeks later my aunt wanted to know how I knew about Franklin. I told her in detail about what happened during surgery. Then my aunt took me up to the attic and unlocked a large trunk. (I had never been in my aunt's attic before, nor had I ever seen the trunk.) She pulled out picture of the man I saw in the light.

My aunt told me that she had married Franklin during World War II, after a brief 24-hour courtship. She had been engaged to Uncle George at the time, but left him for Franklin. My aunt started to cry as she told me that she and Franklin were very happy together for two months, then he was shipped out. After he left, she found out she was pregnant. It was the only time in her life she would ever be pregnant.

When she was seven months along, my aunt received word that my uncle had been killed in the invasion of Italy. He was on the lead ship dropping off troops. The news caused her to miscarry. She hemorrhaged so badly a complete hysterectomy had to be performed to save her. A year later Uncle George married her and destroyed all pictures of Franklin, asking everyone in the family never to speak Franklin's name again. The only pictures to survive were those Aunt Dorothy managed to hide in the trunk.

With this final verification what she had seen during her near-death experience, Lynn became openly confident and trusting, although preferring solitude to socializing. She lost all fear of death, changed her diet to include less meat, and began to exhibit steadily increasing displays of psychic abilities. "Ghosts love me," she said. Yet the guilt she felt for what her father did still haunts her, even the gruesome beatings he gave her Grea Dane to spite her.

He took my dog when he left and he'd call me on the phone and accuse me of being possessed by the devil, that I had to become a Christian or he'd kill my dog. And while we'd be talking he'd beat my dog so I could hear him cry out in pain. He did this with phone call after phone call until he killed my dog with me still on the line listening. I couldn't believe that my father actually did it until that night, when Harvey's soul came to say goodbye and let me know he was okay. For years afterward I'd have coughing fits where I could hardly breathe. It wasn't until I reached adulthood that I connected the coughing to pent-up emotions I felt about my dog's death.

Sadly, Lynn's father reportedly tried to kill Lynn and her mother as well. The police refused to press charges, though, since the man was a sitting judge at the time and prominent in local politics. After years of counseling, Lynn hasn't been able to release the grief she feels about her near-death experience.

My father walked out on our family because of me, because of how I changed after my episode, and my relationship with my uncle was never the same again. My family was badly hurt and my dog was killed, and it was my fault.

One might expect at this point for me to point out that such horrific cases are rare; I cannot. What I keep finding, either with adults who remember what occurred when they were young or with children once they reach the teen years, doesn't always match present models of "grace and

glory" transformations. Certainly, how supportive the family environment is constitutes a major factor in whether the experiencer, child or adult, can successfully integrate his or her near-death episode; but it is not always the determining factor.

I have previously (Atwater, 1988) briefly mentioned the case of Jerome Kirby, an African-American who worked as a comptroller at the office of a northern New Jersey firm. He was pronounced dead at the age of 7, but later revived. His was a loving family, perfectly willing to accept his her strangeness after his survival from death's grip. They were willing; he wasn't. Since he could no longer relate to them or to his brothers and sisters, he drifted into antisocial behaviors that negated any opportunity he might have had to develop normal interpersonal relationships. Not until he heard me speak at a meeting did he finally learn that he had had a near-death experience, and that the aftereffects he had gone through were normal. The pain and confusion from nearly three decades of self-imposed isolation faded from him in minutes. His change was so dramatic that people standing nearby commented on it.

Then there's the case of P. Ann Bailie of Michigan, who had two bouts with death before her first birthday:

Being sent back into my family felt like a betrayal. Being loved and welcomed briefly during my near-death experiences and then returned into a loveless world was sometimes more than I could bear, especially since I could not seem to kill myself and I wanted to. Also, the aftereffects left me unable to cope with or defend myself from the people around me, as I could easily forget how abusive people could get, and would go to them in situations that were dangerous. I retained my childhood trust well into adulthood, often to my dismay.

Another problem was that the psychological aftereffects robbed me of many of the defense mechanisms that most children have. This proved to be a two-edged sword actually, because many of those defenses became maladaptive or destructive in adulthood. Rather than being emotionally cauterized and alcoholic like my siblings, however, I am reclusive and skittish but still retain my original self and a drive for something better.

Baillie has been diagnosed with Multiple Personality Disorder (MPD) by two independent therapists, following a childhood of severe abuse. Her comments differ from most people who have this disorder.

I believe that the near-death experiences had a profound effect on the multiplicity. The level of fragmentation that I developed may have been a result of being unable to let go of my "core self" and let her sleep the way many in my situation have done. I was unable to give up, even in times when surrender may have been a good idea.

I also think that the near-death experiences have made conventional therapy largely ineffective for me. While I have an enormous capacity for anger, I have little for hatred and tend to pity those who abused me, much to the confusion and concern of those around me. I have little ability or desire to relive the past, often a prerequisite in the minds of therapists who treat MPD. It feels like enough for me to acknowledge and honor it, but I don't seem to abreact the way many multiples do.

Younger children most often have an initial type of episode, as I have described elsewhere (Atwater, 1994). Initial episodes encompass elements like a loving nothingness, the friendly dark, a caring voice, angels bathed in light, a quick in/out out-of-body experience, or a simple greeting from pets or deceased loved ones, sometimes even from siblings who were aborted or were yet to be born. Regardless of how brief or involved or poignant their experiences, children can be challenged by it to the point that normal maturation can be either arrested, delayed, or altered. Likewise, they can also become so transformed that irrespective of any family and/or societal disadvantage they might be called upon to deal with, they can and do triumph and become supercharged, charismatic "movers and shakers" once grown.

The challenge of integration is a very sensitive issue for children, one that, in my opinion, we in the near-death community haven't adequately addressed. And this concerns me.

As the cases presented above show, the near-death episode itself has less to do with any quandary the child must face later on than the immediacy of aftereffects and how the family responds. Furthermore, with a child, notions of "abandonment" or "betrayal," of being returned to an uncomfortable situation after experiencing the great love encountered on the other side of death, can sometimes overwhelm any sense of continuity or belonging. The results of that sense of abandonment or betrayal can range from the child spending a lifetime compulsively seeking his or her "real" family, feeling somehow "alien," to an individual like Lynn, who grew up haunted by the guilt that her near-death experience, as wonderful as it was, tore her family asunder and drove her father mad.

Child experiencers, at least in the early stages after their episode, can become loners or discipline problems if unable to process what happened to them in relation to their place in the family unit and at school. They also can and do become veritable geniuses, channeling their "newness" into creative and productive endeavors that enrich not only their lives but society as a whole.

I am continually amazed at the number of childhood near-death survivors who, as adults, become computer whizzes, excellent physicists, masters of music and the arts, or professional psychics. It is the adults who usually switch to some type of healing, counseling, or ministerial roles after an experience. Perhaps this is because children grow up with their "differences" and are simply unaware of or unable to make the comparisons adults do. Furthermore, youngsters are more likely to forget their near-death experience than are adults. It gets "pounded" out of them at school or "shamed" away by relatives. Those who do remember, do so quietly, as if what happened to them was their special secret. It is the aftereffects that give them away.

With this in mind, that children often forget their near-death experiences but can and do display the pattern of aftereffects, even throughout their adult lives, I researched biographies of famous people, and in my latest book (Atwater, 1996), I discussed some historical figures who in all probability had a near-death experience as a child, such as Abraham Lincoln, Albert Einstein, Wolfgang Amadeus Mozart and the man many historians believe to be the true author of the entire works of Shakespeare, Edward de Vere, the 17th Earl of Oxford. I made this determination based on the pattern of aftereffects these people came to display once they recovered from the throes of death, a pattern nearly identical to that of every child experiencer I have ever interviewed or hear about. This is a pattern indicative of what I have termed "a brain shift." A brain shift is what the near-death phenomenon is all about, to

my way of thinking, as well as what other incidents similar in impact are about, such as spiritual enlightenment, Baptism of the Holy Spirit, spiritual transformations, and certain types of head trauma or being hit by lightning. Any differences have more to do with whether the shift was a partial or full shift, rather than what type of episode brought it about.

Characteristics suggestive of the brain shift pattern are the loss of the fear of death; a love of inspiring music and solitude; unusual sensitivity to light, sound, foods, and drinks; wildly prolific psychic abilities; a preference for mysticism over religion; absorption (merging with) and dissociative (detaching from) tendencies; proneness to depression; increased allergies, especially to pharmaceuticals; regular future memory episodes (living the future before it occurs); hauntingly accurate visions; the ability to abstract and concentrate intensely; clustered thinking; charismatic, moral upliftment; heightened intelligence, undaunted by problems or obstacles; a more loving nature, yet driven by a sense of mission; multiple sensing (synesthesia); and electrical sensitivity.

Brad Steiger and his wife and partner Sherry Hansen Steiger sent out questionnaires to people who answered their call for volunteers in their own study of children's cases (Steiger and Steiger, 1995). They discovered that over 87 percent of those who claimed to have undergone a near-death experience as a child still complained of hypersensitivity to sound and light as adults. My own estimate of that figure, for all ages of near-death survivors, is between 80 and 90 percent.

Let's stop for a moment and reconsider what I've just said. All well-meaning adults shove children outside: fresh air is healthy; kids need it. But what if the child is a near-death experiencer and the schoolteacher or coach or parent forces the youngster to practice or play in bright sunshine, for long periods of time day after day? That hurts!

Peer pressure for children is hard to buck, especially as they get older. Types of music heard and at what decibel level compromise the mark of allegiance to whatever is "in." Dances, prom night, parties and gatherings, even school wide programs in the auditorium blast out with sounds tuned "way up" or "far out." But what if the teen is a near-death experiencer and that joyride in "Johnnie" or "Jill's" car includes a barrage of disco beats designed for headspins? That hurts, too!

When a child is ill, he or she is rushed to a doctor or maybe the emergency room in a nearby hospital. A shot is administered or pills are popped. This is standard procedure and done in a medically precise manner. But what if the little one is a near-death experiencer, suddenly more sensitive, possibly even allergic, to the type of pharmaceuticals normally administered to a child of his or her weight and age?

Parents, schoolteachers, sports coaches, health care providers, not to mention the children themselves, face these conundrums daily, year in and year out ...or at least they should. The trouble is that most people are not aware that the aftereffects of the near-death phenomenon even exist, let alone how they might affect a child. Should such a youngster complain, the usual retort is, "It's just your imagination," or, "Toughen up, kid." And I have not even addressed psychic abilities; that's still a forbidden subject in most families.

I've already worked a lot with children, but now I want to cross-check my original findings all over again. To do that, I have launched another research project, seeking before and after-the-NDE details from child near-death survivors, teenagers and adults who remember childhood

incidents, parents of such children, teachers and coaches who might have taught them, and medical personnel who may have treated them.

We've worked prodigiously with adults. Now it's time for a deeper look at what happens to children.

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